

Board of Directors Meeting, 25th January 2017

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Board of Directors

***Meeting to be held 25th January 2017
at 3:45 pm in the Robens Suite, Guy's Hospital***

A G E N D A

1. Care Awards presentations
  2. Apologies: Ms E Duncan, Mr J Pelly
  3. Declarations of Interest *oral*
  4. Minutes of the meetings held on: *attached* (BDA/17/01)
26th October 2016
14th December 2016
  5. Matters arising from the minutes of the previous meeting
  6. Chairman's Report *attached* (BDA/17/02)
Hugh Taylor
  7. Chief Executive's Report *attached* (BDA/17/03)
Amanda Prichard
  8. Business Planning Update including approval of the *attached* (BDA/17/04)
Operational Plan 2017/18 and 2018/19
Martin Shaw / Jon Findlay
  9. Six monthly safe staffing *attached* (BDA/17/05)
Eileen Sills
-
10. Reports from Board Committees:
    - a) **Adult Local Services: minutes 23rd November**
    - b) **Cancer Services: minutes 28th September and 16th November**
    - c) **Children's Services: minutes 9th November**
    - d) **Corporate Management: 14th December**
    - e) **Quality and Performance:**
      - i. Minutes: **11th January**
      - ii. IQPR, November 2016
      - iii. Finance Report, month 9
  11. Register of Documents signed under seal *attached* (BDA/17/06)
Amanda Pritchard

Any Other Business

The next Board of Directors meeting will be held on 26th April at 3:45pm in the Governors' Hall, St Thomas' Hospital

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Board of Directors

**Minutes of an additional meeting held on Wednesday 14th December 2016
 at 1pm in the Governors' Hall, St Thomas' Hospital**

Present : Sir Hugh Taylor (Chairman)

Dr I Abbs
 Ms E Duncan
 Ms A Macintyre
 Mr S McGuire
 Ms G Niles
 Mr D Perry
 Ms A Pritchard
 Prof R Razavi
 Dame Eileen Sills
 Mr M Shaw
 Dr S Shribman
 Dr P Singh
 Dr S Steddon
 Mr S Weiner

Attendance:	Mr P Allanson Ms V Cheston Ms A Dawe Ms A Knowles Mrs J Parrott Mr S Sommerville Dr A Menon-Johansson and Dr A Fox for item BOD/16/53 Member of the Council of Governors; members of the public; and members of staff	Trust Secretary Commercial Director Director Operations and Strategic Development, Adult Local Services Director of Communications Director of Strategy Director of IT & T

BOD/16/52   Apologies

Ms H Coffey, Mr R Drummond, Dr F Harvey, Sir Ron Kerr

BOD/16/53   Declarations of Interest

No declarations of interest were made.

BOD/16/54   Sexual Health and Reproduction Formal Consultation

The Board was asked to approve the actions proposed following an extensive consultation with the public and staff caused by a reduction in the amount of money being spent on commissioning sexual and reproductive health services. Recognising the commitment of staff to

delivering excellent services, the aim had been to deliver proposals that would continue to deliver the best services possible to patients within the constraints of the reduced funding available from commissioners. The management team had worked with commissioners to change how services would be delivered, including more reliance on on-line services and new care models, to ensure that patients could still be seen when necessary to receive the service they needed. The impact on patients of reducing the centres from six to three lay at the heart of the considerations.

The consultation outcomes represented over a year's worth of work talking to patients, examining where costs arose and ensuring that proposals met the needs of patients especially where the profile was changing – for example the most prevalent increase in STIs was now arising amongst men. The aim was to spread clinics across the geography with a view to ensuring that public transport and access was as good as possible. At the same time improving on line access and using IT to help with diagnosis would enable clinicians to focus face to face consultations on those who needed them. The Charity had funded a project to design on line services which, when trialled, showed a greater compliance than the norm and work would continue to improve this.

Extended opening hours, including at the weekend, would support improved access. The proposed opening hours for Sundays differed from what patients had suggested but reflected the Trust's experience of usage over four years.

In discussion in relation to the impact on patients of these proposals, the Board received assurance that metrics were in place for the impact to be monitored. The Board welcomed this and noted Equality Impact Assessment which had been circulated and would provide a basis for tracking progress on that front. The Board requested a formal review of process and report 6 months after implementation.

Discussions turned to the impact on staff of the changes; and a letter from the BMA received the day before the meeting raising concerns about the implications for staff of the changes was circulated to the Board

The Workforce Director noted the early engagement with staff in addition to the formal consultation. She also noted the plan to minimise redundancies partly because the service had not filled a number of its vacancies over recent months. The consultation period had already been extended to take account of the impact on staff. had taken place Trade Union partners had also supported 1:1 accompanied consultations with members of staff affected. She was satisfied that the process had been handled properly; that the audit trail supported the outcomes reached and that they had been appropriately considered. The BMA had been party to the discussions about patterns of work which was one of the main issues raised in their letter. This was a issue about introducing new patterns of work not, as suggested, introducing 7 day working. A full response would be sent to the BMA after the meeting.

The next steps would include job planning so the service could be covered when it began in April and supporting people through the decisions made. A further EQIA would be undertaken at the end of the process to make sure no-one was disadvantaged. In nursing terms, the Chief Nurse confirmed that she had reviewed the consultation and its conclusions in detail and acknowledged that the directorate had responded to responses and she was able to support the outcome from a nursing perspective.

The Board expressed its concern about the decision to cut public health funding, which had given rise to this process. Impact on patients had, in this instance, been minimised as far as possible. But the service improvements yielding the savings could have been used to drive even more patient benefit had the budget not been cut. Moreover further reductions in funding would put services at even greater risk; and it was the Board's duty to highlight these risks.

The Board commended the innovative way the team had approached the challenges it was facing. It approved the recommendations below and asked for an impact review to be undertaken six months after implementation and a further EQIA once the job planning exercise had been completed. It asked for reassurance that any adverse issues were dealt with and raised with commissioners and the government. The Board was grateful to the staff for their engagement in what must have been a difficult and uncomfortable situation. It also confirmed that a suitable response would be sent to the BMA.

Approved recommendations:

- 1. Reduction of estate from 6 sites to 3, with the closure of Lloyd clinic on the Guy's site, and Vauxhall Riverside & Artesian within the community estate.**
- 2. A new integrated staffing model**
- 3. Online provision of services, and a commitment to the use of an online provider for asymptomatic patients pathways**
- 4. Harmonisation of all clinic times and extended Sunday opening**

The Board also accepted that the changes would result in the redeployment of staff and the potential redundancy of 5.72wte posts.

BoD/16/55   2017/18 – 2018/19 Operational Plan sign off

The Finance Director said in relation to the current year that the initial figures for M8 showed that the Trust continued to be ahead of plan. A combination of maximizing income, further delivery of cost improvements within directorates and further work on releasing cash from the balance sheet should enable the Trust to meet its year end target.

The initial feedback received on the draft version of the plan for 2017/18 and 2018/19 submitted in November had been broadly positive. NHS Improvement felt the plan was realistic but stretching. They had also noted the risks not least in relation to the uncertainty about contracts. They were aware that the Trust intended to rely on further borrowing to fund its capital programme and that a bid had been submitted to the ITFF.

The Trust continued to work with commissioners, including NHS England on specialised commissioning, to close the gap to enable contracts to be entered. It was however unlikely that all would be completed by the end of the calendar year. Values and volumes had been agreed with Lambeth and Southwark and showed a 6.3% increase in contract value. NHS England had offered a contract worth £430mn against the Trust's estimate that they would spend £451mn in the year. However, as the gap was no different to the gap at the beginning of the current planning year and the contract continued to be based on cost and volume. The advice was to agree. Outline values for 2018-19 had been agreed with Lambeth and Southwark but not with NHS England or other CCGs so the plan could not be described as a two year plan.

Discussions continued with NHS Improvement about STF and whether other support might be available to the Trust to help to close the remaining CIP gap: the overall requirement was to reduce costs by £90.4mn of which £77.7mn was expected from efficiencies, yet to be allocated to categories and sources, with the balance (£12.7mn) the subject of further discussion with NHSI. The plan assumed receipt of STF money (in exchange for the acceptance of a control target for the next two years) - £22.1mn in 2017-18 and £29.2mn in 2018-19.

In terms of performance targets, the plan assumed that the position on RTT would improve but was unlikely to meet the target, the A&E target should be met by March 2018 and the cancer 62 day target would not be met overall because of the continuing poor performance of external referrers; the aim was to meet the target for patients whose pathways began at the Trust though this would remain challenging. Regulators understood the position whilst continuing to challenge the Trust. It was noted that spend on agency staff was now largely under control.

The Board commented that the background was complex and the information dense and had clearly been carefully scrutinized by the Executive team. The position of the STP added a further complexity although there was no expectation of trusts being assessed jointly at the moment although cumulatively the performance of the area as a whole would remain of interest to the centre.

The Board acknowledged that the overall position was consistent with what had been previously presented both to the Board and to the Council of Governors (in a special meeting convened for the purpose). The improvement to the income expectations was welcome. The plan was likely to be submitted with a gap of £12.7mn and should therefore be caveated to the effect that there was an assumption that the gap will be bridged, that the Board might need to reconsider its position if this was not resolved by the beginning of the new planning year. However, the Board in approving the plan delegated authority to the Chairman and Chief Executive to make reasonable adjustments so that the revised plan could be submitted by 23rd December 2016.

Signed:..... **Date:** .....



Board of Directors

**Minutes of the meeting held on Wednesday 26th October 2016
in the Robens Suite Guy's Hospital**

Present : Sir Hugh Taylor (Chairman)

Dr I Abbs
Ms H Coffey
Mr R Drummond
Ms E Duncan
Dr F Harvey
Sir Ron Kerr
Ms G Niles
Mr D Perry
Ms A Pritchard
Dame Eileen Sills
Mr M Shaw
Dr S Shribman
Dr P Singh
Dr S Steddon
Mr S Weiner

Attendance:	Mr P Allanson	Trust Secretary
	Ms V Cheston	Commercial Director
	Ms A Dawe	Director Operations and Strategic Development, Adult Local Services
	Mr P George-Jones	Chief Operating Officer, Essentia
	Ms A Knowles	Director of Communications
	Mrs J Parrott	Director of Strategy
	Member of the Council of Governors; members of the public; and members of staff	

BOD/16/40   Apologies

Ms A Macintyre, Mr S McGuire, Prof R Razavi

BOD/16/41   Declarations of Interest

No declarations of interest were made.

BOD/16/42   Minutes

Board of Directors meeting held on 27th July 2016

The minutes of the meeting held on 27th July were approved as a true record.

Annual Public Meeting (APM) held on 15 September

The minutes of the meeting held on 27th July were noted.

BOD/16/43   Matters Arising

There were no matters arising.

BOD/16/44   Chairman's Report

The Chairman made an oral report to the Board on this occasion.

He noted and paid tribute to Patricia Moberly, his predecessor as Chairman, who had died in September. A memorial event in the Trust would be announced later.

The Cancer Treatment Centre had opened in early October, the culmination of a major, multi-disciplinary project. Despite a few initial teething problems the opening had been successful and there was to be a gradual take up of services over the next few weeks. This was an important milestone in the history of the Trust. To have delivered the opening of the Centre so successfully was a tribute to all the staff involved in managing the project. The Board acknowledged this achievement.

The annual Guy's Challenge had again proved a hugely successful fundraising initiative.

The Essentia catering team were to be congratulated on its award from the Soil Association: national recognition of the quality of service and sustainability they provided.

The most recent KHP Partnership board meeting had focussed on the education element of the tri-partite mission. Considerable progress had been made across a wide range of issues. Key emerging issues, relevant to all parties, had however been flagged: for example, the introduction of the apprenticeship levy, the move from bursaries for NHS related courses to fees. Following a further set of disappointing results from the survey of medical under graduates all partner organisations would need to issue further responsive action. (The issue would be discussed, for example, at the next meeting of this Board). The KHP Board meeting had also received updates on the institute programme and developments in fundraising, and, again these would be subject to further reports to this Board at its next meeting

The Board's recent away day had been successful and covered business planning, putting transformation at the heart of much of the immediate future. The Board had reviewed the proposals from the vanguard programme for a foundation group model and endorsed further work to give the Evelina further operational autonomy through an internal group model. These would be reported on in more detail at a future Board meeting.

With the Chief Executive and the Essentia Chief Operating Officer, the Chairman had completed a tour of the hospital sites at night. It was clear that the organisation was busy and under pressure. Staff were frank about the impact this had on them but remained largely positive. The Chairman also reported that two more successful public seminars in the current series - on dermatology and chronic respiratory conditions – had been held.

There had been some constructive discussions with Transport for London relating to the Trust's concerns about their plans for a by-pass bus stop outside St Thomas' on Westminster Bridge. It was clear that they were now listening to our concerns – in a way they had not prior to the legal action taken by the Trust. That action was currently stayed pending this further period of engagement. It seemed clear that at the very least Transport for London were prepared to take significant mitigating action in the light of our concerns. They had also carried out further analysis and explained their reasons for rejecting some of the alternative solutions. Whether this led to a resolution and met all our concerns remained to be seen. It was important to re-affirm that the Trust's role had been to express its concerns about the proposals and that those concerns related to the safety of all road users. It was important to re-affirm that the Trust's support for safer cycling was undiminished. We recognised the positive environmental benefits of reducing reliance on motorised vehicles and endorsed the efforts to make cycling safer, if patients felt vulnerable when using the by pass bus stops, there was a risk that they would increasingly rely on cars, taxis and patient transport to get them to appointments which would increase pollution and negate the impact of TfL's work. The Trust had taken legal action precisely because we did not believe TfL had engaged with these issues adequately in the public consultation. The fact more constructive discussions had taken place were a vindication of that stance.

Congratulations were due to the Biomedical Research Centre on the award of a further five years of increased funding. It was noteworthy that the Trust had recruited the highest number in the UK of patients taking part in research studies.

The Chairman noted that the Department of Health had recently published the report of the Accelerated Access Review that he had chaired.

Finally, the Board noted the launch of this year's Black History month.

BOD/16/45   Chief Executive's Report

The Chief Executive introduced her report by commenting that the Trust remained exceptionally busy and was expected to remain so over the Winter period. The resilience of staff was outstanding but the relentless pressure under which they were working would inevitably have an impact and it would be essential to support front-line staff over the coming months accordingly.

The Acting Chief Operating Officer said that there had been a 17% increase in GP referrals and a 14% increase in tertiary referrals across all specialties but particularly in dermatology, ENT and cancer – skin and breast. There had been a consequent increase of 10,000 on the Trust's waiting list. The Trust had planned on an 8% increase in referrals.

All of this affected the Trust's ability to meet the 18 week referral to treatment target. Having previously met this target, there had been a marked deterioration over the quarter. The Trust was also behind on its activity plan. It would therefore, be difficult to plan to return to plan and if referrals continued at their present level, and there was no evidence to suggest they would reduce, meeting the RTT target would not be possible. The Trust was discussing the position with commissioners and regulators. Where possible, arrangements would be made to outsource patients to be treated elsewhere and work to improve pathways continued. There were a small number of patients who had waited over 52 weeks. These were complex patients and subject to regular review to ensure they were not at risk of harm and efforts continued to bring them in for treatment.

The Board commented that in any other business a 15% increase in activity would be welcomed, but in practice such an increase was not sustainable. It was hoped to resubmit the trajectory for waiting times given the extraordinary circumstances caused by the higher referral rates; not meeting this target currently affected the release of some of the STF cash due to the Trust on condition it was meeting its trajectories.

A further phase in the refurbishment of the Emergency Department had been delivered, with the majors section moving. More space for majors than originally planned was being created by moving a plastics clinic. The Trust was still not meeting the 4 hour access target of 95%. The reasons, which included the impact of the building works, were multi faceted and there was a complex plan covering the response needed from specialties to the ED and further work on discharging patient to create capacity to move patients quickly. The Trust remained under close regulatory scrutiny.

The Trust had met the 62 day cancer wait target for local referrals in August but was considerably off trajectory overall because of continuing late referrals from other trusts. The Accountable Cancer Network was prioritising action to improve pathways for specific tumour groups. The Trust was also continuing to work to eliminate administrative errors as these, affected its ability to meet the target for local referrals.

It was noted that NHS Improvement and NHS England had undertaken what was termed a "deep dive" into the Trust's performance which had included an interview with the Chair of the Quality and Performance Committee. Feedback and next steps were awaited. This had been a serious exercise involving considerable preparation and it was important that the Trust was able to give its regulators confidence that it understood the issues it faced and how to deal with them. The Board noted that the Trust had met the target for diagnostics which would have an impact on the cancer performance over time.

NHS Improvement was allocating shadow markings under its new Single Oversight Framework in preparation for its introduction. The Trust would be in category 2 defined as not in breach of our licence or in need of formal action but offered targeted support.

The Board noted the range of quality issues that had been considered by the Quality and Performance Committee at its recent meeting. The Committee would receive a more detailed report to its January meeting on progress on the transformation programme. The Chief Nurse commented on the increase in safeguarding activity and expressed concern at the proposal to designate London A&E departments as "safe places" for s. - 136 sectioned patients as she felt this would increase risks to patients overall.

The Board noted the increase in falls with harm and fractures that had led to a renewed emphasis on completing falls assessments. This reflected the increasing number of frail patients.

The flu campaign had begun strongly and was being run by directorates themselves with staff required to opt in or out of vaccination.

The No Smoking campaign was being relaunched with new signage at St Thomas', responsibility being passed to the security team and zero tolerance shown to visitors smoking on site. This remained difficult to implement in full. A public campaign to counter violence and aggression towards staff had been launched which had provoked a good media response and would be followed up by an internal campaign which would also aim to give staff skills to deal with difficult situations including encouraging staff to raise issues early as there was a pattern of some manipulative behaviour running over long periods. There were particular "hot spots" in the Trust – in the community and in acute medicine - and some workshops were being run in conjunction with the Suzy Lamplugh Trust.

The Trust's contribution to the development of the STP was noted and that it was intended to publish the plans in the next 2 weeks. The focus now had turned to delivering the plans in partnership with others. It was noted that the figures used were accurate rather than aspirational which meant that there was an affordability gap within the plan.

The Board considered and confirmed that the allocation of responsibility for the risks in the Board Assurance Framework was approved as was the designation of Board Committee to supervise them.

The Board noted the draft minutes of the Quality and Performance Committee and the most recent Integrated Quality and Performance Report circulated with the papers, together with the proposal to develop a quality strategy for the Trust which would be presented to a future meeting of the Quality and Performance Committee.

BOD/16/46   Business and Financial Planning 2017/18 & 2018/19

The Board noted that bringing the timetable forward meant that the planned governance arrangements would need to be adjusted. There would be an additional meeting of the Council of Governors' Service Strategy Working Group on 21st November to allow Governors an opportunity to make further comments ahead of the initial submission of the plan. The first hour of the Corporate Management Committee on 14th December 2016 would be designated a public Board Meeting to give approval to what would be finally submitted.

The current financial environment was the most challenging for some years.

For the current year, the forecast financial performance had been spread in a more realistic fashion across the year, (as opposed to being divided equally). This meant, of course, that more of the savings would need to be found in the second part of the year. Taking that into account, the Trust nevertheless was ahead of plan for the first two quarters leading to a favourable variation at the half year of £2mn. The outstanding gap in the savings requirements,, following reviews by EDs was £13mn. The Trust was continuing to report that this would be closed by the year end. However, if STF were to be withheld or if activity was not paid for, this would bring meeting the target into question. Delivering the financial and performance plans for the current year was therefore vital.

It was also notable that the plan for the next two years would be put together before prices had been settled although year on year tariff efficiencies could be anticipated. In terms of planning assumptions the figures would assume loan repayments. Any shortfall in the current year's achievement would need to be added to the savings for next year as would any non recurrent savings. The costs improvement before factoring in either of those items were likely to be £80mn for 2017-18 and £40mn+ for the following years leading to a total savings requirement of £234mn over 4 years to 2020-21.

The Trust had been offered control totals for the next two years of £22mn and £29mn on the basis that it generated a surplus of those amounts in exchange for an STF payment, with conditions attached, for both years of £22mn. There were other concerns about the availability of loan finance for capital investment and even the possibility that any surplus generated from control surplus subsidies may not be available for capital reinvestment.

The Board noted the likely source of savings: – “business as usual” savings; transformation savings emerging for Fit for the Future work streams; savings from collaboration with others. The remaining gap would be resourced from commercial work. Some initiatives would require investment before realising savings. There was considerable appetite for these within the Trust and they would have to be carefully prioritised.

The Board was also concerned about the affordability of increased activity and not being paid for work done. There would be insufficient capacity on site to deal with all referrals in a timely way if the increase was maintained at current levels, although the Trust would want to treat and offer care to those who wished to be referred. All this would require careful engagement with local commissioners, the Local Care Network and of course STP partners.

The Board noted the progress on meeting the 206-17 plan and the actions in place to deliver a plan for submission before the end of the calendar year.

BOD/16/47   Any other business

The Chairman reported that the Board, having commissioned a review in response to the need to take decisions on the digital agenda and to respond to a number of incidents had commissioned and recently received a report from PA Consulting. After an initial assessment the Board was supportive of the recommendations. As some were radical an engagement and implementation plan had been commissioned which would lead to more formal communication of the outcomes in November. This would include briefing the Council of Governors at that point and also as matters progressed.

BOD/16/48   Reports from Board Committees

The Board of Directors noted the following:

- a) Adult Local Services: minutes 21st September**
- b) Audit: minutes 13th September**
- c) Cancer Services: minutes 28th September – [deferred to January 2017 meeting](#)**
- d) Children's Services: minutes 21st September**
- e) Corporate Management: 14th September**

- f) **Quality and Performance:**
  - i. Minutes, 12th October
  - ii. IQPR, August
  - iii. Finance Report Month 6

BOD/16/49   Register of documents signed under seal

The Board noted the register of documents signed under trust seal during the period 1st July to 30th September 2016

BOD/16/50   Any Other Business

There was none

BOD/16/51   Date and Time of Next Meeting

The next meeting of the Board of Directors will be an additional meeting to be held **at 1pm on Wednesday 14th December in the Governors' Hall at St Thomas' Hospital**; the next scheduled meeting will be held at 3:45 on **Wednesday 25th January 2017 in the Robens Suite, Guy's Hospital**

Signed:.....

Date: .....

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Board of Directors	Guy's and St Thomas'  NHS Foundation Trust
Chairman's Board Report	25 January 2017 BDA/17/02

This paper is for:		Sponsor:	Chairman	
Decision		Author:		
Discussion		Reviewed by:		
Noting	X	CEO*		
Information		ED*		
		Board Committee*		
		TME*		
		Other*		

* Specify

The current pressures on the NHS are relentless; and they are being felt on a day to day basis in this Trust, as elsewhere. Many of our staff are also having to cope with the additional burden of disruption to transport services – lengthening journey times and adding complexity to domestic as well as working life. It is a tribute to staff across the organisation that the quality of the services we offer – to more and more patients and under increasing scrutiny from our regulators and the media – remains so high.

Never in the recent history of the NHS has the need to show support and gratitude for the work of staff across the NHS – and indeed the wider care system – been higher. It was important, therefore, to mark the contribution of staff in our organisation at the truly heart-warming and inspiring ceremonies for the Trust Awards and the Long Service awards in the run up to Christmas and the New Year. During this period there were also other reminders for me of the outstanding care provided by teams and individuals across the organisation: at the event to mark the official opening of the extension of the neo-natal unit – where parents spoke movingly of their appreciation of the work of the unit; when I visited the urology and renal services at the Guy's site; and when I met a group of clinical nurse specialists working in cancer services who had come together at a development event to learn from and inspire each other. On all these – and other – occasions, colleagues have been open and realistic about the challenges they face. But the overall mood remains positive – and marked by a genuine determination to maintain and improve the quality of services we provide.

Since the last full meeting of the Board, the current financial pressures on the system were, of course, highlighted at the extraordinary meeting of the Board convened in December, primarily for the purpose of approving the business plan for 2017/2018 and 2018/19 which we were required to submit to NHS Improvement on the new accelerated timetable before the end of the calendar year. This was preceded by a helpful meeting of the Service Strategy Working Group where the planning options faced by the Trust were discussed with the Council of Governors. At that meeting the Board not only agreed a plan which requires further significant cost improvements over the next two years, it also approved changes to the provision of sexual health services to our local communities, which were driven by cuts to the public health budgets of our local authorities.

To support the continued investment in our services in future – vital, if we are to achieve the ambitions we have set ourselves – we will both have to transform the way we provide services and look for additional sources of income. Improving the range and quality of our digital services will be crucial for the former; and we have formed a new Board Committee to oversee that agenda and assure progress, which has already met twice since our last Board meeting. On the latter, I was pleased this month to be able to pay tribute to the work of our Commercial Services team at their recent awayday. They work with colleagues across the organisation to make an increasingly significant contribution to the bottom line of the Trust – and one which will need to grow even further. We are, of course, also crucially dependent on fundraising – of which the highly successful Evelina London Zipwire event, which I was privileged to attend at the beginning of December, was a brilliant example.

In addition since our last Board meeting, I have represented the Trust at meetings arranged by NHS Providers and NHS Improvement, supported the appointment process for a new chair at the Maidstone and Tonbridge Wells NHS Trust and attended meetings of King's Health Partners (KHP) Education Council (which I chair) and of the KHP Board itself. At the most recent meeting of the KHP Board we noted substantial progress in collaborative working across the partnership in the fields of international education and children's services.

This month marks the completion of my sixth year as Chairman of the Trust. There has never been a dull moment; and the last few months have been as challenging but also as encouraging as any.

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Board of Directors	Guy's and St Thomas'  NHS Foundation Trust	
Chief Executive's Report	25th January 2017	BDA/17/03

This paper is for:		Sponsor:	Chief Executive	
Decision		Author:	Trust Secretary	
Discussion	X	Reviewed by:		
Noting		CEO*	X	
Information		ED*		
		Board Committee*		
		TME*		
		Other*		

* Specify

1. Introduction

We begin 2017 with the NHS experiencing a sustained period of pressure. My thanks as always go to all our staff for their continued hard work and commitment to care for our patients.

We are undoubtedly in a period of challenge and difficulty for the NHS as a whole with unprecedented demand both for our services and for these to be high quality. A number of neighbouring trusts are struggling and subject to regulatory oversight. We are not in that position which is a tribute to our staff, their work and commitment. Nevertheless, we have to accept that our position is fragile and it would not take much to tip us into a much more difficult environment with the consequential loss of independence. I hope our continuing dedication to quality, efficiency and safety will stand us in good stead.

2. Sustaining and improving the Trust's core operational performance, quality standards and financial delivery

2.1 Operational Performance

As the draft minutes from the Quality and Performance Committee show, we spent a considerable amount of time at our last meeting discussing the challenges the Trust is experiencing in relation to operational performance. The huge effort colleagues have put into improving the Emergency Pathway for patients presenting at our Emergency Department has delivered a more consistent level of access over recent weeks along with good evidence of resilience during our busiest periods. We are not meeting the 4 hour target but our performance is in the top three in London which of course is being delivered in the midst of the most challenging phase of the department's rebuild. We are being asked to support the local system by taking a greater proportion of ambulance patients and our position to date has been to accept more emergency and specialist patients, but not those with conditions that would normally and satisfactorily be treated more locally.

The rate of referrals into the Trust has slowed and the backlog of patients waiting has plateaued for now, although the number of referrals we are receiving remains significantly higher than last year. NHS Improvement accepted our argument that our performance against the 18 week referral to treatment target was affected by demand rather than poor

operational performance and has released the associated Sustainability and Transformation Funds for this target. One of the challenges associated with this target relates to the time it will take to return to compliance particularly with very long waiters. Assuming that growth doesn't exceed the prediction in our operational plan for 2017-18, we expect to achieve national performance standards by March 2018 although there are particular challenges in ensuring we have adequate capacity to cater effectively for the tiny number of patients who currently wait over 52 weeks, where especially complex care is required. Our plans include some limited outsourcing, particularly of ENT procedures, alongside discussions with commissioners about managing demand.

The 62 day cancer wait target remains extremely challenging, even for internal cases whose pathways are entirely under our control. Tackling the backlog is a key priority as well as being rigorous in not making administrative mistakes. External referral performance is beginning to improve and we are working with new South East London Accountable Cancer Network (ACN) to change and improve pathways across institutional boundaries.

2.2 Financial performance

Fortunately our financial performance, whilst finely balanced, is more assured. Month 9 remains ahead of plan and whilst there is still a gap to be closed we expect to meet the target for the end of the year. The Trust is planning to deliver an overall control total of £6.5m for the financial year 2016/17, which after adjusting for depreciation on donated assets of £8.9m implies an underlying deficit position of £2.4m and, after accounting for donated capital receipts budgeted at £27.2m, would give a surplus of £24.8m in the statement of comprehensive income and expenditure. There is a separate item on the agenda to update the Board on the business plan for 2017-18.

2.3 Quality update

CQC: a couple of publications to note from CQC – a paper on Learning, Candour and Accountability which, although not including recommendations, is likely to require action from trusts, for example on mortality reviews, which are to be the subject of a conference for Medical Directors in March. Secondly, a consultation about changes to the inspection regime to make it much more data driven and concentrating on the well led domain. There are concerns about both of these – we

would need to make sure our data were completely accurate and complete which may overall be a good thing but not cost free. The main concern would be the difficulty and inappropriateness of devising a single model to describe a well led trust. We hope that there will be sufficient common ground to enable us to be a part of the response made by either NHS Providers or the Shelford Group rather than making our own contribution.

The Trust has had two complimentary reviews of our renal and renal transplant services with a number of recommendations for improvements, some of which we had suggested to the reviewers ourselves, which we will follow up.

The increase in safeguarding activity for both adults and children (25% and 45% year on year respectively) is prompting us to review our approach. The burden is becoming too large for a central team to deal with and whilst we intend to increase it a little, the real answer is to work with our clinicians to take more local ownership of the actions needed as part of the holistic assessments they are required to make of their patients. We will also be setting up a panel of senior colleagues to support dealing with a small number of very difficult patients so that decisions are collective and reduce the risk of individuals being referred inappropriately to their professional bodies.

We have to report a further never event: a patient was electively admitted for rib excision. The procedure was carried out and the patient had an uneventful recovery and was discharged home. The patient subsequently had an outpatient clinical follow up and reported significant improvement in pain and range of movements. Subsequently, some further return of pain occurred, which was followed up by a MRI and CT scan which identified that the level of resection was at the level of the second rib (on the right side) instead of on the first rib on the right side. There should be no long term harm as a result.

Finally, on infection control, the Trust has vaccinated 77% of its front line staff against flu – an outstanding. There have been two attributable MRSA bacteraemias whilst Cdifficile trajectory is much lower than the trajectory we had been set, which we believe could be directly attributable to the reduction in the use of antibiotics. The Trust is reviewing the infection control screens we undertake to ensure we screen patients effectively. This will ensure we screen for the new resistant bug candida auris alongside the others.

3. CQC Registration of a regulated activity

Subject to the resolution of some contractual issues Adult Local Services will be taking on the direct provision of reablement service in Lambeth from a range of domiciliary care agencies - this has been in discussion since 2015 so our Adult Local Services Committee is aware and supportive. This is an additional regulated activity (providing personal care) which we need to register with CQC. We will have to put a suitably qualified manager into place and there is a candidate waiting for us to become licensed for this service. CQC expects the Board to be aware of the application for a new activity and to have had the opportunity to comment. I hope this will meet with your approval.

4. Fit for the Future

The Quality and Performance Committee agreed to monitor the Fit for the Future programme's in year activities whilst the Corporate Management Committee considers the longer term issues.

In addition to a wide range of pre-existing projects that continue to contribute to the quality agenda we have recently launched three major work streams under the management of ED colleagues which are expected to have a major transformational impact on the Trust and its activities over the coming years. These will cover new ways of working with an initial emphasis on use of space and the considerable savings we believe are available from better utilisation, design and planning, led by Ann Macintyre. The care redesign programme, which Simon Steddon will lead, will concentrate on continuous redesign and improvement of care pathways with a relentless focus on eliminating variation and a programme on the digital patient journey, led by Ian Abbs and delivering a vision of providing patients with the right care in the right place at the right time with the right information. Essentially, this began life as looking at patient administration but is looking much more comprehensively across digital and administrative systems. We are setting a lot of store by these and are excited at the prospects they offer.

Underpinning these work programmes will be the further development of the Fit for the Future academy which will provide training, events and personal development opportunities to support our continuous improvement culture.

5. Group Models – Update on Evelina SBU and the Vanguard Programme with Dartford and Gravesham

i) Evelina London

Children's services have been a Trust strategic priority since 2012, when an ambitious development strategy was agreed by the Board. In 2014 an external review was undertaken that highlighted that as GSTT continues to grow in size and complexity, the ability of the unitary board to have the capacity to continue to manage the organisation in its current form would become increasingly challenging. The recommendation was for the Board to consider a move towards an "internal" Group model.

Since then we have been working to determine what and how GSTT could start to move in this direction. As part of a review, it was recognised that the Evelina London is of a state of maturity with its own Board Committee and dedicated Executive Team that it could potentially be the first area to start to move towards a different organisational form. In September 2016 an options appraisal was considered by the Trust Board on a range of options, resulting in the decision to give the Evelina London greater autonomy across strategic and operational delivery in order to deliver the Trust's ambition for children's services successfully, through establishing it as a Strategic Business Unit, with formal devolution of authority.

The plan is for this to be in place in its initial form by 1 April 2017 and work continues with the Board, Trust Executives and corporate areas to propose the executive, governance and reporting arrangements needed to support the new Strategic Business Unit.

ii) Vanguard Programme – Foundation Healthcare Group with Dartford and Gravesham

The Trust has been working in a collaborative partnership with Dartford and Gravesham NHS Trust as part of the NHS England New Models of Care Vanguard Programme for just over a year. The main focus of the programme is to test whether or not a collaboration between a teaching hospital and a local district general hospital(s) in a Group model can reduce unwarranted variation and improve clinical outcomes across a wider geographical area.

In 2016/17 the Foundation Healthcare Group, as our partnership is known, received £2.5m in additional funding to develop this thinking and pilot new clinical pathways to streamline care for patients between the two organisations in paediatrics, cardiology and vascular. At the same time, options regarding the establishment of new governance arrangements to start to develop the Group model are in the process of being tested.

In early December it was announced that the Foundation Healthcare Group vanguard had been identified as one of the strongest in England and received an increase of funding to £3m for 2017/18, which is the final year of the funding. This is an indication of the confidence that NHS England and NHS Improvement have in the partnership.

We will be continuing to work closely with Dartford and Gravesham NHS Trust to develop the GSTT Group model and share our learning with the wider NHS via the NHS England New Models of Care programme.

6. Appointments

6.1 The Board is invited to note the following Consultant Appointments since last reported three months ago at the 26th October Board of Directors meeting.

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
20/10/2016	Consultant in Adult Cardiac Surgery (CON303)	Mr Gianluca Lucchese	Replacement	100% GSTFT	N/A	01/11/2016
21/08/2016	Consultant in Intensive Care Medicine (CON301)	Dr Aimee Louise Brame Dr Andrew Daniel Aswani Dr David Jonathan Cain Dr Richard Gordon Paul	Replacement	100% GSTFT	N/A	31/10/2016 21/10/2016 TBC TBC
27/10/2016	Consultant in paediatric Palliative Medicine (CON320)	Dr Gillian Hughes	Replacement	100% GSTFT	N/A	01/01/2017
28/10/2016	1 x Consultant in Adult Cardiac Anaesthesia & 1 x Thoracic Anaesthesia (CON302)	Dr George Christodoulides Dr Sebastian John Baxter Dr Michael William Shaw	Replacement	100% GSTFT	N/A	TBC 06/02/2017 27/02/2017

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
04/11/2016	1 x Consultant in Geriatrics and General Medicine with a special interest in Perioperative Medicine 1 x Consultant in Geriatrics and General Medicine with a special interest in Perioperative Medicine – Locality 1 x Consultant in Geriatrics and General Medicine - Community (CON285)	Dr Philip Braude Dr James Edward Fleet Dr Tania Kalsi	Replacement	100% GSTFT	N/A	05/12/2016 06/03/2017 13/02/2017
10/11/2016	Consultant in Paediatric Diabetes and Endocrinology (CON321)	Dr Sophia Sakka	New	100% GSTFT	N/A	17/07/2017
COMMENTS: This post is required to ensure that we create additional capacity to meet the growing demand for the service. In order to continue the development of the service the appointee will ideally provide clinical leadership It will continue to support the well developed network provision across the South East. Network Clinics are currently held at Pembury, Maidstone and Croydon						
18/11/2016	Consultant in Infectious Diseases and General Internal Medicine (CON310)	Dr Aisling Brown	Replacement	100% GSTFT	N/A	21/11/2016
24/11/2016	Consultant in Neurology (CON319)	Dr Matthew Rahim Broumand Evans	New	100% GSTFT	N/A	TBC
COMMENTS: This post will support the existing growth pattern seen in Neurology and help grow the service by attracting referrals from other hospitals as our waiting time reduces.						
25/11/2016	Consultant in Fetal and Paediatric Cardiology (CON315)	Dr Trisha Vasanthi Vigneswaran	Replacement	100% GSTFT	N/A	09/01/2017
01/12/2016	Consultant in ophthalmology – with a specialist interest in Anterior Segment and Oculoplastics (CON325)	Mr Vijay Kumar Wagh	Replacement	100% GSTFT	N/A	01/12/2016
02/12/2016	Consultant Gynaecological Oncologist (CON311)	Mr Ahmad Sayasneh	Replacement	100% GSTFT	N/A	12/12/2016
07/12/2016	Consultant in Sleep Psychiatry (CON307)	Dr David O'regan	New	100% GSTFT	N/A	06/01/2017
07/12/2016	Consultant in Neurological Sleep Medicine (CON308)	Dr Alexander David Nesbitt	New	100% GSTFT	N/A	12/12/2016

AAC dates	Name of post	Appointee	Post Type	Funded	Jointly Funded	Start date
COMMENTS: The two posts were created following a successful bid to expand the Sleep Service and include 'Complex Sleep' aspects encompassing Neurologists, Psychologists and Clinical Psychologists						
09/12/2016	Consultant Gynaecologist with Special Interest in Early Pregnancy and Acute Gynaecology (CON296)	Mr Tom Kieran Holland	New	GSTFT	N/A	28/12/2016
COMMENTS: This post supported by the CAG provides more robust day time cover for emergency Gynaecology patients being seen in the A&E, EPAGU and those admitted to the ward. It provides continuity for emergency admissions to the ward.						
15/12/2016	Consultant in Orthodontics (CON309)	Prof. Fraser McDonald	New	100% GSTFT	N/A	TBC

6.2 The Board is also invited to note the following Honorary Appointments:

Name of post	Appointee	Department	Start date	End date
Consultant	Sarah Payne	Oncology	01.11.16	01.11.17
COMMENTS: Substantive employee left trust.				
Consultant	Vinayak Bapat	Cardiac Surgery	01.11.16	31.10.17
COMMENTS: Substantive employee left trust.				
Consultant	Michael Kopelman	Neuropsychiatry Neurology	01.11.16	01.11.17
COMMENTS: Extension of contract				
Consultant	Mignon McCulloch	Paediatric Nephrology	01.12.16	31.12.17
COMMENTS: Substantive employee left trust.				
Consultant	Harry Pavlopoulos	Cardiovascular	02.11.16	02.11.17
Consultant	Verity McClelland	Paediatric Clinical Neurophysiology	07.11.16	07.11.17
Consultant	Conn Sugihara	Cardiology	07.11.16	06.11.17
Consultant	Cheuk Chan	Cardiovascular	10.10.16	09.10.17
Consultant	Manav Raghvanshi	Orthopaedics	11.10.16	30.10.17
Consultant	Oliver Bernath	Sleep studies	12.10.16	12.10.17
Consultant	Piu Banerjee	Dermatology	16.11.16	15.11.17
Consultant	Niroshini Naicker	Medical Oncology	17.10.16	17.10.17
Consultant	Julian Ma	Dental Oral Medicine	21.11.16	01.09.17
Consultant	Christoph Kiesewetter	Cardiology	24.12.16	31.11.17
Consultant	Sofia Otero	Dental Radiology	30.12.16	30.12.17

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Board of Directors	Guy's and St Thomas'  NHS Foundation Trust
Business planning update	25th January 2017 BDA/17/04

This paper is for:		Sponsor:	Jon Findlay, Chief Operating Officer	
Decision		Author:	Sean McCloy, Deputy Director of Operations	
Discussion		Reviewed by:		
Noting	X	CEO*		
Information		ED*	X	
		Board Committee*		
		TME*		
		Other*		

1. Summary

This paper provides a summary update to the Board in relation to:

- The 2017/18 – 2018/19 Operational Plan .
- Contract negotiations for 2017/18 and 2018/19.
- Internal Business Planning and the actions required to complete business planning in quarter 4 2016/17.
- Demand and capacity assessment and directorate activity plans and assumptions.
- Business Plan risks

2. The Board of Directors is asked to:

- Note the final submission of the Operational Plan to NHS Improvement on the 23rd December 2016.
- Note the back phasing of cost improvement plan.
- Note that the Trust submitted a Cancer and RTT trajectory that did not meet the national targets during 2017/18 and that the A&E 4 hour target forecast achievement of the national target in March 2018.
- Note the position in regard to the activity demand assessment and the need to deliver efficiency targets and use transformation to enable delivery of the cost improvement program.
- Note the risks associated with achievement of the plan.

3. Current position

At the Board of Directors meeting on the 14th December 2016, the Board agreed the underlying assumptions to be presented in the Operational Plan with delegated authority to the Chairman and Chief Executive to make any final amendments required prior to submission to NHS Improvement by 23rd December.

Further to the Board meeting the Trust submitted the plan to NHS Improvement to deliver the expected control total surplus of £22.1 million in 2017/18 and £29.2 million in 2018/19. This includes £22.1 million Sustainability and Transformation Funding¹ from NHS Improvement in both years.

The plan set out the current estimates of the savings required to achieve financial targets of £90.4m in 2017/18 and £53.8m in 2018/19 and the five year capital plan of £462m assuming financial targets are met. The only change made from the analysis presented to the Trust Board on the 14th December was a back phasing of cost improvements to reflect the fact that full proposals are unlikely to be in place to achieve the targets from the 1st April, similar to the phasing approach for 2016/17. This change was authorised by the Chairman and Chief Executive.

The trajectories submitted do not meet the attain RTT or Cancer access targets. We plan to only achieve the A&E access target by the end of the financial year rather than throughout the year. It is assumed that the 30% of the £22m Sustainability and Transitional Funding attached to these targets will still be received but this has not yet been confirmed by NHS Improvement.

The Trust has signed contracts with NHS England for specialist services and Lambeth and Southwark CCG's based on agreed activity estimates and 2016/17 prices with an estimate of the impact of the 2017/18 tariff changes. The 2017/18 tariff has now been issued and revised values will be agreed based on these updated prices. The Trust is actively involved in contract negotiations with other commissioners and the outcome will underpin the finalisation of financial and activity plans for 2017/18 and 2018/19. Offers have been made to all commissioners based on the draft tariff and contract

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¹ The national Sustainability and Transformation Fund has been established to help NHS Trusts (particularly hospitals treating emergency patients) achieve financial balance. Receiving these funds is dependent on achieving specific financial, access and transformation milestones.

negotiations are continuing. The Trust continues to work with commissioners to finalize our CQUIN schedule for 2017/18 with some schemes cross cutting the two year contract period.

The public version of the Operational Plan is attached and available on the Trust website. Governors discussed the draft and final plan at their Service Strategy Working Groups (SSWG) in November 2016 and 17th January 2017.

3.1 Internal Business Planning

The Trust is making good progress through our internal business planning timetable. We have completed a demand and capacity assessment across elective pathways at service level with Directorates with an additional challenge session in December to ensure that the increased activity planned can be delivered. In addition we have supported support services to understand how this should impact on their business plan submissions. The Trust will receive the first version of the Directorate business and budget plans on the 18th January 2017, which will allow a Trust wide assessment of the income position, cost of growth and cost improvement plans and cost pressures. Due to the draft submission deadline an update will be available at the Board.

The Trust will also be able to prioritise the agreement for growth plans where staff and resources have been assessed by Directors as essential to deliver increased activity from quarter one. We have planned to complete a second round assessment on how Fit for the Future (FFtF) is reflected in Directorate business plans in January 2017 having already had a series of workstream and Directorate meetings in quarter3. In addition the business planning team is supporting corporate Directorate planning during quarter four, and will be using performance review meetings in January and February to focus on the directorate submissions and revisions required for second draft (16th February 2017) and final draft expected on the 14th March 2017.

Directorate plans will cover a wide range of financial, operational and quality plans which is outlined in Appendix A. The Trust has developed draft quality priorities and a quality improvement plan. This was discussed at the Governors' Quality and Engagement Working Group on the 6th December. While these are still development with colleagues and

partners, the draft priorities are: standardising our approach, infection prevention, end of life, falls, patient experience, dementia, national clinical audits, safe staffing, the better births review, and implementing digital processes.

4.0 Activity Plans

4.1 Elective planned care – inpatient and daycase

We are expecting to deliver 6% more elective activity in 2016-17 than in 2015-16, in line with our aggregate plan. This has been insufficient to meet the higher level of recurrent demand experienced in the first half of the year. Our 2017-18 plan has 7% growth on the 1617 level. This can be expected to reduce waiting times in the year ahead, provided further referral growth is contained.

Our planning assumption for 2017-18, agreed with Commissioners, allows for 2% additional growth in referrals in aggregate. We anticipate that referral growth in some areas may be higher than this and should this occur, this will limit our ability to reduce current backlogs as quickly as we would wish.

4.2 New outpatient appointments

We expect to see 10% more new outpatients in 2016-17 than in 2015-16, outperforming our plan by 2%. Our 2017-18 plan has further growth of 5%. As with elective care, this can be expected to reduce waiting times, provided further referral growth is contained.

4.3 Other activity

Our plan assumes 2.5% increases in non-elective (emergency) demand (A&E attendances are an example of non-elective demand) and 6% increase in activity and diagnostic care to treat people with cancer/ suspected cancer. We have profiled in an underlying increased population effect of 2% on other services.

4.5 Assessment of capacity to deliver activity

We are in the process of relating Directorates' detailed operational plans to the facilities expected to be available in the coming year. We are building in productivity assumptions in the use of beds equivalent to a gain of 2.5% in 2017-18, consistent with what has been achieved in previous years. The key capacity constraints that will receive the most urgent attention are likely to be critical care facilities at St.Thomas' and the availability of general beds in the Evelina. We have also asked Directorates to identify what activity in their plans cannot be achieved using Trust resources and will require an alternative plan. The Trust has already sub-contracted activity to a community provider to support adult ENT out-patient activity and may need to consider alternative provider options for other specialties.

5.0 Links to the Sustainability and Transformation Plans

Over the next two years place-based delivery is increasing rapidly. Delivering different aspects of these plans will be reflected in business plans across the organisation. Specific corporate priorities are outlined in the Operational Plan, including:

- Leading and supporting delivery of the south east London Sustainability and Transformation Plan. Amanda Pritchard is leading the STP across London.
- Identifying and implementing local integrated care service
- Developing the Acute Care Collaboration Vanguard with Dartford and Gravesham NHS Trust.
- Developing a common improvement approach internally and with partners.
- Continue to support the resolution of issues in other Trusts or health economies
- Review our internal/external governance, as a result of the above.

Our priorities align with the five transformation programmes in the south east London Sustainability and Transformation Plan:

- Developing community based care (CBC), primary care development and prevention, including Children and Young People
- Improving quality and reducing variation across physical and mental health
- Reducing cost through provider collaboration
- Developing sustainable specialised services

- Changing how we work together to deliver the transformation required

5.0 Business Planning Risks

Given the increasing demand and the major constraints on NHS, social care and public health funding, there are substantial risks to the Trust achieving the plan. This includes:

Financial Risks:

- NHS and Local Authority commissioner affordability – We have mitigated this through agreeing cost and volume contracts where commissioners have under purchased against our contract proposal
- The Trust does not have the capacity to deliver national standards and the cost of outsourcing activity is greater than the cost estimates included in the plan.
- The Trust is required to deliver £77.7million efficiency savings. This is in excess of 7% of the Trust's cost base on which savings can be made. There is a risk that we do not identify efficiencies to fully address the financial challenge or that we cannot deliver them at the pace required
- If the Trust fails to achieve the activity trajectories for RTT, A&E and cancer waits the Trust will forego up to 30% of its STF income, failure to meet the financial target will may mean the loss of the full £22.1M STF.

The above risks that are will be managed through our internal business planning process and monthly performance reviews with directorates.

- Our ability to deliver activity levels to meet the demand for our services. We have experienced high demand for many of our services so far in 2016/17. Demand is unpredictable and often influenced by the performance of other local providers of NHS services. If demand exceeds our plan in 2017/18, this will delay our ability to meet waiting time standards. We will continue to work as part of a local healthcare system on initiatives to manage demand and alternatives to hospital care but other options, such as using private and voluntary sector providers, may be required.

- The availability of capital is at odds with operational, transformation and strategic needs. We particularly need to invest:
- to address the urgent need to create physical capacity to manage increasing demand and acuity, especially for theatres, critical care and investing in out of hospital services.
- in the transformation required for more efficient delivery models and ways of working – internally and with partners as part of the south east London Sustainability and Transformation Plan, networks and the Trust's Foundation Healthcare Group Vanguard partnership with Dartford and Gravesham NHS Trust. This especially relates to investing in digital transformation and analytics.
- in specialised services (with partners) to support sustainability across south London and south England.

6.0 Next Steps

- Consolidation of draft submission from directorates and review of cost pressures and cost of growth.
- Agreement for priority posts to initiate recruitment processes.
- Corporate Directorate business plan documents to be submitted.
- FFtF workstream and speed dating with Directorates (19th January and 23rd January 2017)
- Second draft submission on the 16th February
- Final submission on the 15th March 2017.

There will be a further update presented to the Board of Directors in April 2017 which will summarise the final submission from all Directorates.

Appendix A - What Directorate Business Plans are asked to cover.

Current performance Summary	Finance	Operations
	Quality	Workforce
Analysis of current position	Strengths	Weaknesses
	Opportunities	Threats
Directorate vision and strategic objectives	Directorate 'Plan on a Page'	Contribution to Fit for the Future objectives
Activity Plan	Demand and Capacity planning	Financial plan
CIPs – Local, FFtF, STP & commercial	Quality planning	Workforce plan & strategy
Mapping enabling needs	Commercial development planning	Capital planning

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Guy's and St Thomas' NHS Foundation Trust
Operational Plan 2017/18 and 2018/19
For publication
25th January 2017

This plan is written according to Annex F of the national guidance published by national NHS bodies in September 2016 – “*NHS Improvement guidance for operational and activity plans*”.

It was discussed with the Council of Governors in November 2016 and signed-off by the Trust Board at a specially convened meeting on 14th December 2016.

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Key messages

In common with NHS services across the country, Guy's and St Thomas' is planning changes over the next two years that will ensure our services are sustainable from both a clinical and a financial perspective. We are developing our plans as part of the wider NHS 'health economy' in Lambeth and Southwark and beyond, recognising that we treat both local people and patients who travel to our hospitals from further afield. Our plans form part of the South East London Sustainability and Transformation Plan (SEL STP) and we also play an important role in a number of clinical networks that join up services provided across several NHS Trusts.

Given the increasing demand and the major constraints on NHS, social care and public health funding, there are substantial risks to the Trust achieving this plan. These include:

- Our ability to deliver activity levels that meet the demand for our services. We have experienced high demand for many of our services so far this year (2016/17). Demand is unpredictable and often influenced by the performance of other local providers. If demand exceeds our planned activity next year (2017/18), this will delay our ability to achieve national access standards, such as overall waiting times for treatment and specific targets in A&E or for cancer treatment to begin. This is particularly the case where we have capacity constraints, such as the availability of beds, operating theatre time or the right clinical staff to deliver services. We will work as part of the local healthcare system to manage demand and provide alternatives to hospital care, but other options, such as using private and voluntary sector providers, may be required.
- Identifying and delivering the savings required to achieve our financial plan. This includes working with NHS Improvement and NHS England to agree how we deliver services within the financial target (control total) that they have set us.
- The availability of money for investment (capital) is at odds with operational, transformation and strategic requirements. We particularly need to invest:
  - to address the urgent need to create physical capacity, especially for theatres, critical care and out of hospital services.
  - in the transformation required to deliver efficient ways of working – internally and with partners locally and further afield. This includes as part of the Trust's Foundation Healthcare Group Vanguard partnership with Dartford and Gravesham NHS Trust. Investment in digital technology and analytical capabilities will be essential.
  - to support the development of sustainable specialised services across south London and south England – with partners.

The Trust has experience of successful clinical, academic and commercial partnerships. Over the next two years we will develop our ambitions as a Foundation Healthcare Group Leader. This will include developing new, integrated models of care and also making greater use of standardised approaches to care delivery that will help to improve quality and reduce cost.

1. Activity and performance

This section sets out our activity and performance assumptions for 2017/18. These align with our financial plan and the contracts we agree with the commissioners of our services.

It can be difficult to predict demand – we experienced significant increases in referrals in 2016/17, including 17% growth in GP referrals and 14% growth in referrals from other hospitals. This is above what we planned for and it will take time to increase workforce and physical capacity to allow us to treat significantly more patients. As a result the Trust has not met all the national access targets in 2016/17. It has also meant that our beds (including critical care beds) are operating above the recommended occupancy levels and theatre availability is limited. The Trust Board discusses these issues regularly (see 1.3 below).

1.1 Activity

Our overall planning assumptions for 2017/18 are that:

- There is no further referral growth in the second half of 2016-17;
- and annual growth will be 2%.

Planned care

Due to the increases in demand for our services described above, we are expecting to deliver 6% more planned activity in 2016/17 (this year) than in 2015/16. This is in line with our plans.

However, this level of activity has been insufficient to meet the higher level of ongoing (recurrent) demand experienced in the first half of this year. Our plan for 2017/18 therefore includes a further 7% increase in activity overall compared with the activity we will deliver in 2016/17¹. This is so we can meet ongoing demand and also address current back-log of patients on our waiting lists. It assumes that we do not experience referrals above our planning assumptions in the coming year.

New outpatient appointments

By the end of this year (2016/17) we expect to deliver 9% more new outpatient appointments than in 2015-16. This is nearly 2% above our planned activity levels. We are planning a further 5% growth in activity in 2017/18².

This will enable us to reduce our existing waiting list backlog and absorb up to 2% growth in referrals.

Other activity

Our plan assumes:

- a 2.5% increase in emergency (non-elective) demand, such as patients attending A&E
- a 6% increase in diagnostic tests and treatment for people with cancer/ or a potential cancer diagnosis
- an underlying 2% increase in the population we serve and who require care.

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¹ This is based on the initial activity plans received from directorates and updated in January 2017. These plans will continue to be refined and updated.

² As per 1 above.

1.2 Performance

Our performance targets are aligned with our activity plans. We agree these with commissioners through contract agreements.

Referral To Treatment³ times

As described above, we have not always been able to meet this performance target in 2016/17. In 2017/18, we plan to treat 89%⁴ of our patients within 18 weeks of their referral, but we will not be able to comply with the national standard of 92%. We do not want any patient to wait over 52 weeks. This will therefore only happen in a small number of cases, for example where patients choose to wait longer for a treatment date that is more convenient for them.

It will be very challenging to deliver the levels of increased activity required within current capacity. We are focusing on efficiency, new service models, demand management (with commissioners) and delivering service developments to increase capacity (see 4.4). If demand eases, our aim is to return to compliance with the national standards in-year. However, demand is hard to predict and, if demand continues to exceed our planning assumptions, we will need to agree contingency plans with commissioners.

A&E⁵

During 2016/17 we have not achieved the national standard or our own planned performance trajectory. We expected disruption from the ongoing project to modernise our A&E department and improve the patient pathway through the hospital, but attendance levels also increased above planned levels of 2.5% to a 4.5% increase. In addition, social care services are under increasing pressure and we are caring for more complex and seriously ill patients whose assessment and treatment takes longer.

As a result, the Trust does not plan to meet this target until March 2018. However, our teams are working hard, with colleagues across health and social care, to manage demand and achieve the standard. For example, other services have moved to create additional space for A&E services, and we continue to make improvements to how patients move from A&E to our wards and then home. We are developing more advice lines for GPs and 'hot clinics'⁶ and we are working closely with London Ambulance Service. Our plan is also based on the assumption that we secure the investment needed for an Ambulatory Assessment Unit⁷ alongside A&E, that social care discharge support packages remain at the current level, and we complete the Emergency Floor modernisation project by March 2018.

Cancer⁸

We expect to comply with all cancer targets, except the 62 day maximum wait from GP referral to treatment. We are continuing to work with our partners across South East London as the lead for our Accountable Cancer Network (ACN), and with our own clinical teams

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³ RTT (Referral to Treatment) times are national waiting time standards. Currently 92% of patients must be treated within 18 weeks.

⁴ This is an average in our monthly performance plan.

⁵ % A&E attendances admitted, transferred or discharged within 4 hours of their arrival. Standard – 95%.

⁶ A 'hot clinic' is a clinic set up to see and assess people who need to be seen by a hospital specialist urgently but where there is not an A&E emergency.

⁷ A facility to treat people who need emergency medical care but do not need to be admitted to hospital.

⁸ % of service users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer. Standard – 85%

within Guy's and St Thomas', to identify what we can do to address the waiting time issues we face.

So far in 2016/17 we have experienced a 17% increase in cancer referrals compared to 2015/16. Although this increase in referrals has not translated to an increase in people diagnosed with cancer, it has affected our 2 week wait performance for seeing patients referred to us with a potential cancer diagnosis. Our plan assumes no more than 6% growth in 2017/18. Increases above this will affect our ability to see people within the 2 week time-frame.

The new Cancer Centre at Guy's opened in September 2016 and the Guy's Cancer Centre at Queen Mary's Hospital, Sidcup, is due to open by March 2017/18. These developments will increase capacity and the quality of care, and will enable patients living in outer South East London to receive chemotherapy and radiotherapy treatment closer to home.

Diagnostics

We improved our diagnostic waiting times in 2016/17 so the Trust now meets the national standard.

1.3 Discussion areas

The Trust Board frequently discussed the following risks and issues relating to our activity and performance plans:

- **Demand:** The level of demand on all our services for planned and unplanned care is unpredictable and is often affected by performance at other health and social care providers. With commissioners, we continue to work to ensure people are cared for in the most appropriate setting, often reducing demand for hospital services. In 2017/18 this will include fully utilising our admission avoidance, @home⁹ and Enhanced Rapid Response¹⁰ services. We will undertake more joint work with GPs and with other hospitals to provide joined-up services and prevent duplication. Services are developing new models of care to make best use of staff and physical resources. We will discuss risk-share options and adjustments with our commissioners if we experience demand above planned levels.
- **Commissioner affordability** (health and social care): There is a continual risk that commissioners cannot afford the level of activity needed to meet demand. The Trust is in constant discussion with commissioners to ensure our plans align with demand.
- **Workforce:** Recruiting and retaining sufficient staff to make optimum use of our physical facilities is very challenging and this is consistent with national workforce trends. This is an issue across a range of services but particularly for our operating theatres, nursing (including district nursing), critical care, community rehabilitation, our Emergency Department and some of our highly specialised services. Our capacity assumptions assume that we will increase the number of operations undertaken at the weekend. However, this is reliant on being able to staff extra theatre sessions. Our bed-usage assumptions imply higher overall occupancy and staffing more 'flex' beds so we can increase capacity when required. We continue to develop models of care with other hospitals within our clinical networks to help address these risks.

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⁹ @home – our acute rapid response nursing service provided 7 days per week in patients' homes. pal@home – 7 day a week evening and night nursing service for palliative care/ seriously unwell patients

¹⁰ Enhanced Rapid Response – a home-based rehabilitation service to support people recover from illness in their own homes, and prevent hospital admission.

- **Capital schemes:** Our investment plans are predicated on the timely delivery of increased theatre and critical care capacity as well as associated increases in our workforce, the re-development of the Emergency Department and the development of an Ambulatory Assessment Unit. In the short term, any delays may adversely affect our ability to sustain waiting time standards.
- **Productivity:** Our plan assumes productivity improvements of 2-3%. This will be achieved in a number of ways including increased staff productivity (see 3.2), extended hours (such as weekend clinics and in operating theatres) and through transformation (see 4.5 and 5). However, our ward and critical care beds are already operating above the recommended occupancy levels. This means that opportunities to exceed planned levels of activity are limited. Risks, such as disruption to normal activity, are also much higher.

2. Quality plans

This section outlines our approach to quality planning in 2017/18.

2.1 Our approach

Our Chief Nurse, Dame Eileen Sills and Chief Medical Officer, Dr Ian Abbs are the executive leads for quality. Quality improvement is part of all our work including individual directorate plans, clinical service planning and *Fit for the Future*.

We continue to manage the delivery of safe and effective care alongside the delivery of financial and access targets. *Fit for the Future* is our organisation-wide improvement initiative, placing the continuous improvement of quality, safety and efficiency at the heart of everything we do (see 4.5). As with all NHS organisations, balancing the need to deliver high quality care in the context of increasing demand and complex patient needs, whilst increasing productivity, is a continual challenge. In addition, we face challenges with workforce availability daily (see 1.3 and 3.1). The financial environment means that we cannot invest in our facilities and capacity as much as we would like (see 4.4).

The Trust Board and Senior Leadership Team frequently discuss these issues. They do not underestimate the challenges and competing pressures on frontline staff and local leadership teams. Over the next two years our focus will be on creating the right environments for staff to deliver high quality care and embed quality in all our work including:

- **Always Safe** – a Trust-wide approach to learning from incidents. A range of events provide opportunities for staff to develop solutions to patient safety issues.
- **School of Improvement** – a learning and development academy to develop leadership, quality improvement and patient safety skills.
- **Leadership development** – bespoke programmes to develop compassionate leadership, an improvement culture and the ability to work successfully, and deliver change, in the context of ambiguity and complexity.
- **Appreciative Inquiry¹¹ methodology** – we will continue to embed this, for example we run Trust-wide listening exercises which support teams to have conversations with staff at a local level.

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¹¹ An approach to developing teams and organisations through positive self-determined change

- **King's Health Partners Faculty of Healthcare Improvement** – our staff will continue to have key roles in leading this as part of our King's Health Partners Academic Health Sciences Centre (AHSC).
- **Supporting staff to deal with challenging behaviour** – we have already begun targeted work to respond to the increase in violence and aggression experienced by our staff and patients.
- **Nightingale Project** – this project, part of the *Fit for the Future* programme, aims to standardise practice and reduce variation on our inpatient wards.

We have also established a vulnerable person assurance committee in response to the increasing need to manage adult and children safeguarding issues effectively.

2.2 Quality improvement plan

This is in development as we finalise our Quality Strategy and consult with partners, colleagues and governors. The plan will include the following priorities:

- **Standardising our approach:** We will implement a standardised approach to quality improvement and measurement based on reducing variation, increasing value and providing care according to evidence.
- **Infection prevention and control/sepsis:** We will build on all our current work and focus on: identifying and treating sepsis; maintaining our high standards in prevention of avoidable hospital acquired infections (focussing on reducing e.coli infections); and achieving our targets for antibiotic use.
- **End of life care:** We will continue to support our staff to deliver safe, compassionate, individualised care to patients who are coming to the end of their life, embedding our priorities for the care of the dying person.
- **Falls:** We have seen an increase in falls with harm in recent months. Our falls improvement group is using information from incidents and from resilience projects to reverse this trend.
- **Patient experience.** We will:
  - continue to make changes to the environment and behaviours and to reduce noise at night on our wards.
  - continue our improvement programme targeting transfers of care (discharge), including improving patients' confidence in managing their medicines.
  - continue to ensure that all our patients receive the high quality of care with a particular focus on food, nutrition and pain management.
  - improve how we communicate with patients.
- **Dementia:** We will continue to implement our three year Dementia Strategy, linked to our new Carer's Strategy (to be launched in 2017).
- **National clinical audits:** We will continue to participate in all national clinical audits.
- **Safe staffing:** We now use the 'care hours per patient day' metric to monitor nursing levels. This multi-disciplinary approach to clinical workforce reviews is in line with the national quality board guidance on safe staffing.
- **Seven-day services:** We will continue to implement extended working in a number of areas through new service delivery models.

- **Better Births review:** We have completed our self assessment against the recommendations and we are implementing our action plan.
- **Digital:** We are developing a programme of work that uses digital technology to improve how we communicate and support new ways of working that will benefit patients and staff.

2.3 Quality impact assessment

All our service development, efficiency, improvement and transformation plans are assessed to ensure they will not adversely affect quality of care. Our approach is to improve quality, safety and efficiency in parallel.

All schemes are recorded on a standard template and discussed as part of directorate management team meetings, monthly Performance Review Meetings (PRMs), and as part of all other governance meetings with a responsibility for quality (see 2.4). Plans are assessed against patient safety, clinical effectiveness and patient experience risks, resulting in an overall risk score. Every single scheme is then reviewed by the Chief Nurse and Chief Medical Officer for their formal approval or otherwise.

Schemes identified within business cases are reviewed and assured on their merit, signed-off by relevant local programme boards, the Investment Portfolio Board and other Trust Board Committees. The Chief Nurse and Chief Medical Officer have ultimate sign-off of the quality aspects of these cases.

We are increasingly developing and implementing plans with other health and social care partners (see section 5 for examples) and we will continue to adapt our quality assurance and governance systems, with partners, in response to increased place-based and system wide planning.

2.4 Monitoring quality

The Trust uses a number of tools and methods to monitor quality. These include the ward accreditation scheme, leadership walkabouts, reality rounds, peer to peer and quality reviews. We also use a range of mechanisms to learn and improve, including clinical supervision, reflective practice, individual and peer reviews, performance management, continuing professional development, clinical audit, and the application of evidence based practice. Learning from investigations into serious incidents feeds directly into our quality improvement programme and is shared throughout the Trust in many ways including reality rounds, Schwartz rounds¹², safety huddles¹³ and safety alerts.

Quality, workforce and financial indicators are developed, agreed and monitored through the following governance and management structures:

Board oversight and guidance: The Quality and Performance Committee is the committee through which the Board of Directors ensures that the essential standards of quality and safety are met. It monitors the delivery of the Trust's quality priorities and discusses in-year quality, workforce, performance and financial indicators in detail. The Trust also has Board Committees that oversee Evelina London children's services, Cancer and Adult Local Services, allowing subject experts and the Board to have detailed discussions.

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¹² Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare.

¹³ Safety huddles take place at a regular time each day for 10–15 minutes. They provide a non-judgemental, no-fear space in the daily workflow of ward staff to discuss what is coming up and any concerns or issues. They are a way for ward teams to continually learn and improve.

Performance Reviews: Clinical directorate management teams (Clinical Director, Head of Nursing, General Manager, HR Business Partner, Senior Finance Manager) meet the senior operational team monthly at Performance Review Meetings (PRMs). The agenda covers quality, safety and risk, business planning and finance, operational performance (such as cancer, A&E, diagnostics and planned waiting times), workforce and strategic milestones. Executive Director Reviews take place with each directorate twice a year.

Integrated Quality and Performance Report (IQPR): All indicators are reported in the monthly IQPR. This is reviewed monthly at the Trust's Management Executive and quarterly at Board meetings.

Governor oversight: Our Governors provide expert patient and public insight as members of the quality and performance committee and at the dedicated quality and engagement and service strategy governor working groups. They are present at public Board meetings and their feedback informs decisions about service development (see section 6).

Risk management: Our Risk Management Policy describes how we identify, evaluate and control risks. It also sets out accountability and reporting arrangements to the Board of Directors. The Board identifies its strategic risks and monitors management of these risks through the Board Assurance Framework. Risks to safety, quality and service delivery are identified by staff throughout the Trust and managed and monitored in service, directorate and Trust forums.

CQC action plan: Progress is reported to the Quality and Performance Committee with endorsement at the public Board.

Complaints: The quality and assurance team feeds back monthly to clinical directorates on the investigation, reporting and actions required in response to complaints. The team monitor the quality of feedback to our patients and carers, as well as to commissioners. The quarterly Quality and Performance Committee quantitatively and qualitatively reviews incidents and complaints. The Board also reviews a selection of patient stories, illustrating how we identify the potential for quality improvement from considering people's experience.

Quality priorities: Delivery of our quality priorities is embedded in all quality improvement work. Progress is reported in the Integrated Quality and Performance Report (IQPR).

Clinical Quality Review Group (with local commissioners): We report all indicators to this regular meeting with local commissioners. It is a very helpful forum to share plans, concerns and joint assurance.

3. Workforce plans

This section outlines our workforce planning processes.

Given the planned growth in activity to meet demand (see section 2), we expect to increase staff numbers in a number of services, such as where activity growth is high or where we are treating more complex or seriously unwell patients.

3.1 Planning approach

We will continue to implement our 2015-2020 Workforce Strategy in 2017/18.

Workforce planning is an integral part of all our performance and management systems, business planning and strategic plans. This includes education and training, leadership and innovation, recruitment and retention planning. HR Business Partners work as part of

Directorate Management Teams and plan according to their local issues, aligned to their finance and activity plans.

Across the Trust staff discuss plans with local commissioners and partners as part of regular scheduled meetings, specific events, contracting and joint planning boards. We see this increasing in line with our role in the South East London Sustainability and Transformation Plan (see 5). Our Integrated Quality and Performance Report (IQPR) and other workforce information are regularly shared with local commissioners.

We are now focussing more on triangulating our internal planning with the national and regional workforce planning submissions that we provide to Health Education South London (HESL), NHS Improvement and Health Education England. We are also increasingly aligning our planning with the South East London Sustainability and Transformation Plan. We will also continue to work closely with higher education institution partners to secure student numbers, particularly following the change to loans-based education.

Key risks: Workforce issues and risks on the Trust risk register include:

- **Recruitment issues** – particularly in specialist nursing roles, community Allied Health Professionals (such as Physiotherapists), the Emergency Department and IT. There are plans in place to reduce vacancy rates and we will continue to monitor progress against these. We will also continue to review the impact of the high cost of London living, Brexit and the changes to bursaries as part of this. See below for other work.
- **Retention of staff** – we are currently developing a nursing retention strategy focused on supporting nurses to stay in the Trust in their first two years of service. We will expand this strategy to other staff groups to reduce our turnover rates.
- **Ensuring safe staffing** – see 2.2. for a description of our approach. We are constantly reviewing staffing levels as we increase activity and because we are often treating more complex and seriously unwell patients. Nurse staffing levels are monitored continuously, supported by scorecards and twice-daily assessments of the level of care patients need (acuity). Heads of Nursing report monthly on safe staffing levels. This is included in the IQPR report (see 2.4) and there is a separate annual report to the Board.

3.2 Productivity

Our staff remain some of the most engaged in the NHS. However, as outlined in the quality section 2, we do not underestimate the challenges and pressures our staff experience every day. In addition to focused work outlined in 2.1, we will continue the '*Showing we care by speaking up*' and '*Showing we care about you*' campaigns. We plan to increasingly focus on staff retention and succession planning. Our Workforce Strategy sets out our vision and plan to support staff to maximise their potential through training and development.

We are renewing our emphasis on productivity, innovation and transformation, partly driven by the need to manage workforce costs in the context of growth and meeting our financial plan. As well as local innovation and transformation projects, we will:

- Continue to invest in digital tools, such as e-roster for nursing staff to maximise the time front-line nurses, midwives and health visitors spend with patients.
- Cease using contractors who work through Personal Services Companies.
- Train front-line staff in ways to facilitate improvements in their teams.

We have successfully implemented extended working across seven days in a number of areas. To meet this challenge the Trust has introduced new roles such as Physician Associates¹⁴.

Temporary staffing

We will continue to reduce temporary staffing spend to achieve NHS Improvement's performance target. This will be closely monitored by our Chief Executive and Executive Directors. We report all agency breaches to NHS Improvement weekly.

Specific Trustwide work includes:

- Using a 'Master Vendor' approach to all non-medical, non-clinical bookings (centrally managing bookings, reducing cost through managing suppliers).
- Continue work to develop and implement pan-London standardised agency rates.
- Implementing a Trustwide ban on using agency at Bands 1-4, expanding our in-house staff Bank and increasing flexible working.
- Using different ways to recruit permanent staff, especially for IT, engineering, capital projects, sonographers and Allied Health Professionals (Therapists).

3.3 Transformation, innovation and new models

Highlights for the next two years include:

- **Fit for the Future transformation:** See 4.5.
- **Local integrated care transformation:** Also see 5.2. We will implement new Care Navigator roles to help patients manage their care across services. We will begin to organise staff to work in Local Care Networks in Lambeth and Southwark. We will also complete a review of the skills and competencies of staff working in integrated health and social care teams. A 'test and learn' of Buurtzorg¹⁵ style homecare nursing model similar to a model in the Netherlands has already begun.
- **Working across organisations:** We will support our staff to work in other health and social care providers across the local health economy. There will be a focus on providing education and training to support the delivery of safe, consistent care irrespective of location, such as hospital, home or community settings.
- **New roles:** We are continuing to develop new roles for example Nursing Associates to respond to the difficulties in recruiting qualified nurse staff. We will also increase the number of Physician Associates and Advanced Practitioners¹⁶.
- **Increasing apprenticeship numbers and models:** We are also working with our Academic Health Science Network (the Health Innovation Network) to develop internships.
- **South East London Sustainability and Transformation Plan:** See 5.2 – for shared services development.

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¹⁴ Physician Associates support doctors in the diagnosis and management of patients. They are trained to perform a number of roles including: taking medical histories, performing examinations, analysing test results, and diagnosing illnesses under the direct supervision of a doctor.

¹⁵ Buurtzorg is a model of district nursing used in the Netherlands. It is based on nurses providing holistic care in people's homes, working in small self-managing teams which provide care for a specific catchment area/ population supported by "coaches". Nurses themselves decide how care is provided to their patients.

¹⁶ Staff trained to a more advanced level.

- **Digital:** We are strengthening our focus on digital technology to support staff to work more productively, for example so that community staff do not need to return to base to input patient information. We will develop IT systems that enable staff to deliver services differently, such as in virtual clinics.

4. Financial plans

4.1 Summary position

The Trust continues to operate in a very challenging financial environment. Staff are working hard to improve efficiency and reduce cost. We are currently on target to achieve our 2016/17 financial plan – an underlying deficit of £2.4 million (£24.8 million surplus after factoring in capital donations).

Following careful consideration, the Trust Board is submitting a plan to NHS Improvement to deliver the expected control total surplus of £22.1 million in 2017/18 and £29.2 million in 2018/19. This includes £22.1 million Sustainability and Transformation Funding¹⁷ from NHS Improvement in both years.

Achieving this financial plan will require the Trust to deliver over £90 million savings in 2017/18 and a further £53.8 million in 2018/19. This scale of savings the Trust needs to make, means there are substantial risks to achieving this plan. We have identified a number of ways to deliver savings in parallel to improving care. These include:

- **Local cost saving and efficiency plans:** These are schemes identified by services and directorates as part of their business plans. Local plans often link with Trust-wide initiatives (such as reducing agency spend on a ward, linked to Trust-wide processes). We continue to place great importance on local ownership, leadership and maintaining a positive culture and attitude so we can deliver quality, safety and efficiency improvements in parallel.
- ***Fit for the Future* programme:** (see 4.5).
- **Collaborative savings across health and social care (see 5):** This includes plans as part of the South East London Sustainability and Transformation Plan and linking with London and South East specialised service reviews.
- **Commercial activities:** Income from commercial work financially supports our NHS services. Activities also support our clinicians with research, and the development of new models of service delivery and innovation.

Despite these substantial areas of work, there is still considerable uncertainty and risk inherent in this plan as set out below. We are, however, committed to delivering the plan and we will work with national NHS bodies and health and social care partners to address the challenges we all face.

4.2 Financial planning assumptions

In setting our financial plan we use a number of planning assumptions. This year these have included assumptions about:

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¹⁷ The national Sustainability and Transformation Fund has been established to help NHS Trusts (particularly hospitals treating emergency patients) achieve financial balance. Receiving these funds is dependent on achieving specific financial, access and transformation milestones.

- the proportion of the Sustainability and Transformation Fund the Trust will receive
- the impact of moving to a new tariff payment system
- commissioner QIPP targets¹⁸ and CQUIN¹⁹ funding
- the financial impact of planned capital developments.

In parallel, we negotiate contracts with our commissioners using the activity assumptions outlined in section 1. There are significant income risks associated with several of these contracts, particularly our specialised services contract with NHS England.

4.3 Financial risks

Our plan is subject to change as there are several significant risks and uncertainties. These include:

- Identifying and delivering our savings plan at pace. This includes our, and our partners, ability to deliver savings opportunities identified by Sustainability and Transformation Plans.
- Not delivering performance requirements and the control total necessary to receive the full Sustainability and Transformation Fund. This includes achieving waiting time performance trajectories.
- Linked to the above, the ongoing issue that commissioners cannot afford the levels of activity that we will need to deliver to achieve national waiting time standards.
- If demand exceeds our activity plan, then we may need to outsource activity to deliver national standards. This is likely to cost more, increasing the overall financial challenge.
- The continual impact of reductions to Local Authority public health funding. We are working in partnership with Local Authorities to minimise the impact on service provision, service quality and population health.

We will continue to quantify and assess all these risks in partnership with our commissioners, NHS Improvement and local delivery partners.

4.4 Capital plans

Our 2017/18 capital programme (investment) priorities underpin the delivery of our strategic ambitions. However, the availability of capital is at odds with our operational and strategic requirements. We will need to continually balance multiple demands and prioritise the capital plans set out below to take account of:

- The urgent need for additional operating theatre and critical care capacity following a Board review of our five year demand and activity forecasts. With commissioner support, we are also investing in further Emergency Department and ambulatory care capacity, as well as out of hospital services, to meet growing demand.
- Maintaining our infrastructure to ensure that we provide safe, compliant services.

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¹⁸ Quality, Innovation, Productivity and Prevention (QIPP). QIPP targets are financial incentives used by commissioners to promote change and improvement in these areas.

¹⁹ CQUIN: Commissioning for Quality and Innovation payments are designed to incentive quality and innovation improvements

- The need to invest in the transformation of both staff and physical infrastructure to deliver more efficient services and ways of working – internally and with partners. This especially relates to investing in digital technology and analytical capabilities.

We are:

- Continuing to explore alternative funding sources.
- Focusing on maximising utilisation of our current infrastructure – linked to many of our *Fit for the Future* plans, but we will need to invest in technology to enable this.
- Continuing to identify any properties that are surplus to clinical service and estate requirements. This includes working with partners such as local councils, Clinical Commissioning Groups, Community Health Partnerships estates, NHS Property Services and King's Health Partners.

Capital programme priorities for 2017/18 – the majority of our plans are carried forward from 2016/17.

Strategic development	Description
Emergency Floor (Emergency Care Pathway) – expected completion in 2018	Redevelopment of St Thomas' A&E. This includes a new service model for emergency care. It will help us achieve the 4 hour A&E target and mitigate service pressures in the long-term, although building work will pose short-term delivery issues in 2016/17 (see 1.2).
Theatres at Guy's and St Thomas'	This is an urgent capacity requirement to deliver the Trust's activity plan.
Critical care and Haemodialysis Unit at St Thomas'	This is an urgent capacity requirement to deliver the Trust's activity plan and in the context of increasingly unwell patients requiring critical care.
Ward improvements at Guy's and St Thomas'	Improvements, linked to recommendations by the Care Quality Commission.
Expansion of Evelina London Children's Hospital and our Children's Clinical Research Facility.	To accommodate growth in local and specialised children's services. This also defines the first stage of our longer-term vision for Evelina London Children's Services with associated development of research facilities that are core to many treatment options for children.
Medical equipment and infrastructure investment	Annual replacement programme for high risk areas.
Digital investment	Key infrastructure and digital enabler investment including the Faster IT (FIT) and community mobile working systems, as well as developing a business case for an Electronic Health Record.

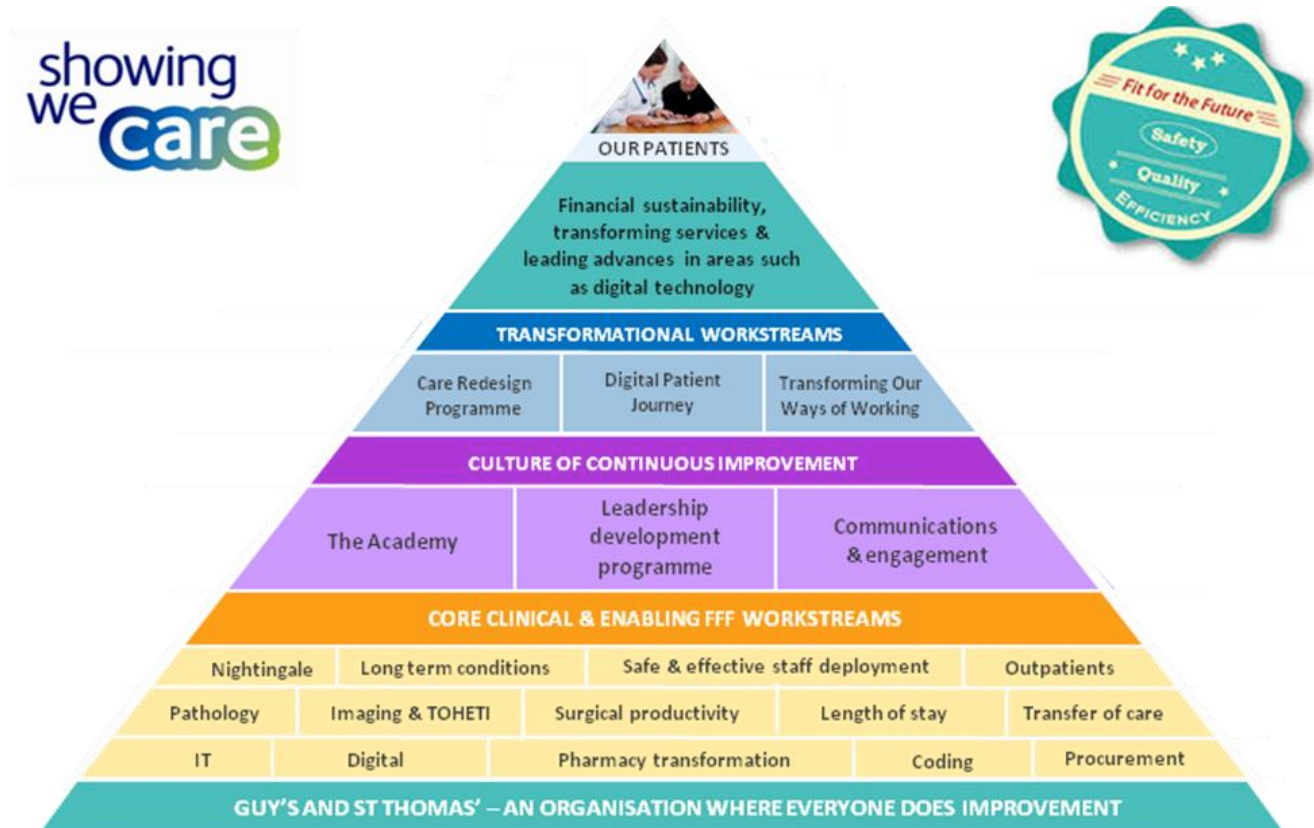
Strategic development	Description
Rare Diseases Centre	Creating a national centre for people with rare diseases (externally funded).
Orthopaedics partnership	Exploring work with a commercial partner to increase efficiency, capacity and quality to meet increasing demand. The work aligns with discussions to develop a Centre of Excellence in South East London and networked approach.
Expansion of Oral Medicine	To meet additional demand and provide educational space.
Pan-London Ultra High Field MRI research facility	Funded by the Wellcome Trust.
PET (Position Emission Tomography) re-development – Phase 2	New imaging suite – jointly funded with King's College London.
Energy Performance improvement	Investment to improve energy efficiency.
Pharmacy re-development	Re-development associated with a service move to accommodate the expansion of the Emergency Department.
Community properties investment	Investment required as part of a wider review.
We will also continue to develop business cases associated with our strategic priorities.	

4.5 Fit for the Future

The Trust's *Fit for the Future* programme has supported directorates to deliver numerous quality, safety and efficiency improvements, including over £236 million savings since 2013. Our refreshed plan for the next two years is summarised below. We are building on a strong platform – the programme is a brand staff recognise, thereby increasing engagement. Our collective focus will be on:

- **Creating a culture of continuous improvement:** We will become an organisation where “everyone does improvement”, empowering staff to deliver change and transformation.
- **Three radical transformations:** During April – June 2017/18 we will complete business cases for investment in three major transformations:
  - **Care Resign Programme** A programme to reduce the variation, eliminate waste and improve how patients progress within and between our services.
  - **Digital Patient Journey:** We will transform how people engage with services, such as through improved appointment booking.

- **Transforming Our Ways of Working:** We want to support staff to work flexibly and cost-effectively, for example, investing so that staff can work in different locations and we can reduce the size of our estate.
- **Delivering core workstreams:** See diagram. These include improvements to clinical services and enablers, such as procurement and digital. Several areas are interdependent. They include delivery of the recommendations in Lord Carter's review of productivity and efficiency opportunities in the NHS.
- **The Academy:** We will support staff to develop the skills and leadership behaviours that they need to make both large- and small-scale improvements.
- **Integrated approach:** We will increase staff engagement and celebration activities. Most work will involve work with partners, including across King's Health Partners and as part of the South East London Sustainability and Transformation Plan. There are interdependencies across all our strategic, transformation and directorate plans.



5. Links to Sustainability and Transformation Plans

The Trust has a track record of working with a range of partners to develop and deliver joint service, education and research plans that place patients, rather than the organisation, at the centre. Over the next two years we expect to see this place-based delivery increasing rapidly.

Specific priorities are:

- Leading and supporting delivery of the South East London Sustainability and Transformation Plan (SEL STP) (see below). Our Chief Executive, Amanda Pritchard leads the SEL STP.

- Working with local partners in Lambeth and Southwark on integrated care (see 5.1a). Developing the Acute Care Collaboration Vanguard with Dartford and Gravesham NHS Trust²⁰. We were accredited as a Foundation Healthcare Group Leader in 2016 and this will help us to develop the Guy's and St Thomas' 'group model'.
- Develop a standardised improvement approach internally and with partners.
- A first group of staff will complete the new internal *Leading for the Future* programme. This will include a focus on developing leaders who can work successfully in partnerships.
- Continue to proactively support the resolution of issues in other trusts or health economies as our services may be impacted by difficulties elsewhere.
- Review our internal and external governance. During 2017/18 we will establish Evelina London (children's services) as a Strategic Business Unit within the Trust.

5.1 South East London Sustainability and Transformation Plan (SEL STP)

The plan is moving rapidly from strategy to implementation. Leaders from across South East London meet regularly to review progress and we expect our staff to contribute to implementing the vast majority of these plans.

Our priorities and key roles in the five transformation programmes within the SEL STP are:

a. Developing community based care, primary care development and prevention

- **Adult Local Services Programme:** With support from commissioners, we are delivering major elements of the Community Based Care strategy, aligned to the Lambeth and Southwark Strategic Partnership and our five Local Care Networks. Services will work more closely with primary care and social services to improve joined-up, integrated care for patients. Several elements will contribute to reducing length of hospital stay and demand on both the St Thomas' and King's College Hospital A&E departments.
- **Children and Young People:** Increasing and improving out of hospital care for children and young people locally is a priority for Evelina London. This includes services that avoid the need to come into hospital, providing acute care in children's homes and supporting discharge from hospital. Work is aligned and supported by Guy's and St Thomas' Charity who help fund the Children and Young People's Health Partnership. This is focussing on improving communication with primary care and preventative chronic disease management. We are also developing the role of children's services in Local Care Networks. The King's Health Partners Human Development and Health Institute also has ambitions to focus academic research on public health issues that effect children and young people locally.
- **Cancer:** See d. below. Achieving national cancer access standards as part of the South East London Accountable Cancer Network (ACN) continues to be a major priority for the Trust and as the lead organisation for the network.
- **Digital and data inter-operability:** The Trust sees investment in digital, data management and analysis as a major enabler for transformation internally (such as new ways of working) and with partners across South East London (such as working as part

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²⁰ The Trust is a national Foundation Healthcare Group Vanguard site. We are examining how Foundation Healthcare Group models could be used with Dartford and Gravesham NHS Trust, as part of their future sustainability plan. The programme aims to create a partnership based on principles of co-operation, system leadership, member value and shared resource.

of Local Care Networks). This includes the next stage of rolling out the Local Care Record, finalising a business case for a new Electronic Health Record system for the Trust²¹ and completing roll-out of our Faster IT (FIT) programme.

b. Improving quality and reducing variation across physical and mental health

- **Elective (planned) Orthopaedic Centre of Excellence:** We plan to improve our procurement and ordering systems through a commercial partnership. In addition, following the outcome of public consultation, we will work with other providers to develop a networked approach to improving orthopaedic services across South East London.
- **Urgent and Emergency Care:** We will complete our Emergency Department re-build and transformation work, the Emergency Floor project, in 2018. Achieving the national A&E 4 hour standard is a fundamental priority for the Trust. Dr Simon Eccles is the Clinical Lead for the South East London work.
- **Maternity:** Dr Kate Langford, Deputy Medical Director, is the Clinical Lead for the South East London work. The Trust has signed up to the South East London trajectory to increase obstetric consultant presence on the labour ward with an imminent move to 98 hours cover per week, once recruitment is completed. We will return data using the pan-London maternity dashboard.
- **Reducing variation:** As part of 2017/18 business plans, directorates are reviewing opportunities to reduce duplication, variation and manage demand more effectively across pathways.
- **Mind and Body Programme:** Over the next two years we will implement the programme of integration work, as part of this King's Health Partners programme.

c. Reducing cost through provider collaboration

Martin Shaw, the Trust's Director of Finance, is the Senior Responsible Officer²² for these programmes of work.

- **Consolidated finance delivery:** Our staff will contribute and lead the development of business cases for standardisation and potential consolidation.
- **Workforce review and redesign:** We are supporting and directly leading the development of new education and training models and developing business cases for potential shared services. Ann Macintyre, the Trust's Director of Workforce and Organisational Development, is the Subject Matter Expert (SME).
- **Procurement:** David Lawson, the Trust's Chief Procurement Officer, is the Subject Matter Expert (SME), leading and supporting collaboration. Priorities for 2017/18 include deploying an 'Amazon Style' purchase to pay system, implementing an integrated supply chain service and leading development of an integrated procurement service (SmartTogether).
- **Clinical support services:** Tim Hanlon, the Trust's Chief Pharmacist and Clinical Director of Pharmacy and Medicines Optimisation, is the joint clinical lead. Over the next two years we will develop single operating models for several Pharmacy services including aseptic services and how we procure (buy) medicines.

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²¹ These systems would allow patient information to be shared electronically between hospitals, community services and GP practices.

²² An individual responsible for ensuring that a programme or project meets its objectives and delivers the projected benefits.

d. Developing sustainable specialised services

- **South London specialised service review:** We are working with commissioners and providers to review opportunities in several areas including cardiovascular, children's, cancer and renal services.
- **Cardiovascular:** King's Health Partners will continue to develop a business case to improve clinical and academic services and to develop a South London network. Engagement with key partners will be an important part of this.
- **Children's:** Evelina London is developing a business case to expand children's services at St Thomas'. This is linked to South East London and national specialised service plans and the ambition to establish Evelina London as a regional and national centre of excellence.
- **Cancer:** Guy's Cancer is the lead for the new South East London Cancer Accountable Clinical Network (ACN). The Network has established a programme of work for 2017/18 and priorities include reducing waiting times, improving communication with GPs and increasing academic and research activities.

e. Changing how we work together to deliver the transformation

- **Leadership and governance:** During 2017/18 we plan to lead, chair and contribute to new delivery structures including, the Cancer Accountable Clinical Network (ACN), Lambeth and Southwark Strategic Partnership Board, Local Care Networks and citizen fora.
- **Estates:** Implementing changes to how and where staff work will be a major element of the *Fit for the Future* Transforming Our Ways of Working workstream, and we will improve and consolidate services in our community locations, subject to consultation.
- **Investment in transformation:** There is a need to invest in the transformation (capital and revenue) required for more efficient service delivery and ways of working – internally and with partners. This especially relates to investing in digital technology and analytical capability. However, as the availability of capital is at odds with our ambitions, we are working on alternative funding sources as well as with commissioners and NHS Improvement on addressing this issue (see 4.4).

6. Membership and elections

We greatly value the views and input of our Governors and local communities in all our planning. Our Governor elections in 2016 and plans for 2017 are set out below. This section also very briefly outlines our approach to recruitment, training and development and facilitating engagement.

Elections 2016

The 2016 Governor election was run by the Electoral Reform Society using their election scheme of model election rules for NHS Foundation Trusts. In 2016 eight positions were available:

- Public constituency: 3 vacancies, 16 candidates. 2 existing governors were re-elected and 1 new governor was elected.
- Patient constituency: 3 vacancies, 12 candidates. 1 existing governor was re-elected

and 2 new governors were elected.

- Staff constituency (non clinical section): 2 vacancies, 4 candidates. 1 existing governor was re-elected and 1 new governor was elected.

In 2017 one position will be available:

- Staff constituency (community): There will be 1 community vacancy as the governor reaches the end of their first term of office and is eligible for re-election.

6.1 Governor recruitment, training and development and facilitating engagement

- Governors are encouraged to interact with their local communities including some of the larger and hard to reach groups.
- Our tailored membership information leaflet is widely distributed in the Trust and community.
- We publish a quarterly magazine for members – The GiST – and a monthly e-mail news bulletin – eGiST – often including information about membership, governors and elections.
- The Lead Governor reports to the Annual Public Meeting about governor activities.
- Governor staff membership stalls at the Annual Public Meeting exhibition to engage with Trust members and members of the public, and to promote their role as governors.
- The Lead Governor runs the questions and answer sessions at regular members' health seminars and interacts with members after the event.
- The Trust Secretary and Chairman meet all new governors as part of their induction. Specific issues are discussed at an annual away day.
- The Trust encourages and facilitates attendance at GovernWell sessions in conjunction with NHS Providers and at events organised across King's Health Partners.
- Governors are encouraged to attend quarterly Council of Governors meetings, held immediately after the public Board meetings which they attend. The first item on the Council of Governors agenda is always a reflection session for governors to ask further questions to the Board on what has been discussed. Both meetings are open to the public. We also run Board accountability sessions where governors are able to raise specific questions with Board members.
- We have three Council of Governors Working Groups – Service Strategy, Quality and Engagement, and Membership Development, Involvement and Communication (MeDIC). These are open forums to consult, engage and brief. The MeDIC Working Group sponsors the Membership Communication and Engagement Strategy which sets out the Trust's plan to ensure that our membership becomes more reflective of the communities we serve. This will be presented to the Council of Governors during 2017 for approval.
- All meeting notes are published on the Trust website.

Trust Board of Directors	Guy's and St Thomas'  NHS Foundation Trust
Six Monthly Workforce Staffing Report December 2016	25th January 2017 BDA/17/05

This paper is for:		Sponsor:	Chief Nurse- Dame Eileen Sills (DBE)
Decision		Author:	Catherine-Anne Wilkins Head of Nursing, Practice Innovation and Workforce
Discussion		Reviewed by:	Director of Nursing, Adult Services (Chief Nurse's Office)
Noting		CEO*	
Information	✓	ED*	
		Board Committee*	
		TME*	
		Other*	

* *Specify*

1. Summary

- 1.1 The following report has been completed to represent the outcome of the 6 monthly review of nurse staffing which has been undertaken in December 2016. The nursing reviews have been delayed following the publication of the National Quality Board (NQB) Guidance in July 2016. The new guidance offered an opportunity for the Trust to undertake safe staffing reviews from a multidisciplinary perspective. We have engaged NHSI and the Carter team to work with us to develop a methodology but to date this has not taken place. Therefore the Trust has developed its own approach which was piloted within orthopaedic inpatient areas late last year. It is anticipated that following discussion through the Fit For Future programme that we will adopt this model and roll out a comprehensive multi-disciplinary approach to assessing the size and shape of the clinical workforce. However this is likely to take us many months. Therefore to ensure compliance with the NQB guidance and assure the Board we have safe nurse & midwifery staffing levels a light touch 6- monthly review has been undertaken. This report sets out the outcome of the review.
- 1.2 All establishments have been reviewed by the relevant Director of Nursing and Heads of Nursing and signed off by the Chief Nurse.
- 1.3 The reviews have followed a similar model to that used previously with a review of patient acuity and dependency, any planned business planning changes, recruitment and retention issues, required uplift and professional judgement. In line with the requirements of the NQB guidance, the review also includes the introduction of the Care Hours Per Patient Day (CHPPD) metric and the ongoing work to embed this into everyday working practices and conversations regarding safe and sustainable staffing. This report will also set out the assurance required by the Expectations set out in the NQB report – Table 1.

Table 1: NQB Expectations

Expectation 1	Expectation 2	Expectation 3
RIGHT STAFF	RIGHT SKILLS	RIGHT PLACE AND TIME
1.1 Evidence based workforce planning	2.1 Mandatory training, development and education	3.1 Productive working and eliminating waste
1.2 Professional Judgement	2.2 Working as a multiprofessional team	3.2 Efficient deployment and flexibility
1.3 Compare staffing with peers	2.3 Recruitment and Retention	3.3 Efficient employment and minimising agency

- 1.4 Appendix 1 presents the data for each Directorate, broken down into ward/department/locality team across the Trust and demonstrates the following information:
- Name of Ward/Department/Locality
  - Number of Beds including any flex beds/patient contacts
  - Total Nursing Establishment and breakdown of Registered and Unregistered nurses
  - Uplift agreed for Headroom (annual leave, study leave, sickness etc)
  - Skills ratio Registered:Unregistered
  - Ward Sister/Charge Nurse/District Nurse Supervisory Time (wte)
- 1.5 The monthly workforce scorecard in Appendix 2 highlights the CHPPD, vacancy, sickness and mandatory training rates for each of the areas as of end of November 2016.
- 1.6 The reviews have highlighted that staffing levels across the Trust are in line with meeting the needs of our patients.

- 1.7 The current nursing budgeted establishment across the Trust is 5824.50 wte. Staff in post as of 30th November 2016 is 5100.54 wte. The budgeted establishment has increased by 140.99 wte since the same period in 2015. The vacancy rate as at end of November 2016 is 12.43%. There has been a change to the recruitment campaigns at the end of 2016 with a focus on streamlining the application and short-listing process, improving the candidate experience and increasing the number of candidates attending assessment centres. For 2017, the new Assessment Centre/Open Days will be on a rolling 3 weekly basis to ensure maximum opportunities for potential candidates to come to the Trust. Appendix 3 outlines the specific action plans for the Acute Medicine and Adult Community Directorates as they continue to have challenges in terms of both recruitment and retention of staff.

2.0 Expectation 1 – Right Staff

- 2.1 Appendix 1 demonstrates the detailed ward by ward agreed staffing establishments including the average Care Hours Per Patient Day (CHPPD) data from the last 6 months. This metric has been reported monthly on the Workforce Board report since May and is part of the monthly UNIFY Actual vs Planned Hours monthly upload. This metric will form part of the Model Hospital Dashboard as set out in the Carter Review (February 2016). This dashboard will enable external peer to peer reviews, in particular, within specific specialties where there are comparable wards/areas. However it is important to point out that both the Chief Nurse and Shelford group colleagues have raised concerns over the current immaturity of the CHPPD metric, and that at present it has limited value for external peer benchmarking. CHPPD at present is numbers of nursing hours divided by the numbers of patients at midnight. It does not take into account acuity, turnover of patients, case mix and other activity for example supporting students and any other non-direct care time activity. These weaknesses are recognised externally and the Trust has been invited to run a workshop on the work we have led to date. However we can use the metric and can monitor this against patient acuity.

- 2.2 Systematic review of each ward/Department/Locality nursing establishment has been undertaken using the Safer Nursing Care Tool (SNCT) to measure patient acuity and dependency. This data is collected daily from each adult inpatient ward (excluding Evelina Children's Hospital, Maternity Services and Critical Care facilities). The information is also reviewed for inpatient areas as per NICE Safer Staffing Guidance (July 2014).
- 2.3 Each Ward/Department/Locality has Sister/Charge Nurse Supervisory time calculated based upon the needs of the service and reviewed as part of the establishment review process
- 2.4 Headroom or Uplift is calculated on average at 22% per area based upon the annual leave calculator as per Agenda for Change, average study leave requirements and the average sickness rates.
- 2.5 Professional judgement is a key element of the establishment setting/review process. Factors taken into account are the layout of the ward – eg. ease of visibility of patients, whether the area has a patient population that necessitates frequent escort duties (eg. community inpatient areas), any multiprofessional working including availability of administrative staff to support with admission/discharging of patients, answering phone, door etc.
- 2.6 As outlined in 2.1, the detailed breakdown of each ward also includes the average CHPPD in each area. Key points of note when analysing this CHPPD information is that the metric does not distinguish between registered and unregistered staff, does not take into account variation of activity throughout the day/week/month nor does it capture the acuity/dependency of the patients in the beds at the point of data capture. From November 2016 the Chief Nurses Office (CNO) Workforce team have started to look at "required" CHPPD based upon the reported acuity and dependency information within iPams with a view to enabling meaningful conversations around safe staffing requirements. This is currently looked at on a monthly view however the methodology can be used for calculating the actual requirements in real time and this is part of the developments within the Live Bed State project. This will enable overlaying of staffing status and requirements with operational needs.

3.0 Expectation 2 – Right Skills

- 3.1 All nursing and midwifery staff commencing employment with GSTT complete Trust Corporate Induction and a comprehensive clinical induction programme. In the summer of 2016, a standardised template for local nursing and midwifery induction was agreed to be used in all areas to ensure that we have a consistent approach.
- 3.2 In early 2017, the process for Nursing Assistant induction is being changed to standardise and streamline the induction and orientation process. This will support the focus on high quality fundamentals of care delivery and is in preparation for a new workforce model for unregistered staff, providing innovative new career pathways for nursing and other healthcare professions. These new models will be based on the apprenticeship schemes and will be supported by competency based learning opportunities.
- 3.3 All staff are expected to undertake mandatory update training as set out in the Trust's Training Needs Analysis. As at end of November 2016, the overall mandatory training compliance figure for Nursing and Midwifery is 85.38%. Robust staff rostering is a key enabler to improving training compliance.
- 3.4 There was a 50% reduction in funding for Continuing Professional Development (CPD) this financial year which significantly impacted the Trust's ability to support CPD. There was agreement to maximise the resources available by charging the individuals 10% of the course fee. This has been successful and has been widely accepted by the workforce. It is anticipated that funding for 2017/18 will be adversely affected again and the Education Team in conjunction with the Senior Nursing and Midwifery and wider multiprofessional teams are working hard to minimise the impact upon staff by being innovative with training and development plans and options including direct working with partner Higher Education Institutes (HEIs) and in-house opportunities and expertise.

- 3.5 Nurses and midwives in all areas work closely with a wide range of other healthcare professionals to provide the highest quality care to patients. There is a renewed vigour in looking at the wider multiprofessional team with a view to look at roles where there could be opportunities to work differently. This has been a key part of the multiprofessional review work, which the Trust commenced in September 2016 and will be a key focus for 2017/18. Within nursing there has been the development of the programme for the Nurse Associate role. As outlined previously to the Board, the Trust took the decision not to take part in the national pilot of the project, however, work has been underway particularly in Acute Medicine and the Older Persons Unit to structure the nursing workforce differently in response to the changing needs of patients. Part of this is the review and streamlining of the unregistered workforce to enable career pathways through from housekeeper roles, to nursing assistants and senior nursing assistants, to registered nurses. This is an exciting development, in partnership with London South Bank University (LSBU) which is in the process of being finalised and agreed. Part of this process has enabled open conversations and collaboration with Allied Health Professional (AHP) colleagues, including pharmacy, to look at ways of working differently. There is also anticipated to be a national strategy for Allied Health Professionals published in December 2016, which may offer some further guidance that will be helpful in this context. It is anticipated that 30-40 members of staff would undertake the programme at LSBU from May 2017.
- 3.6 There has been a significant amount of work undertaken through the second half of 2016 to focus on the transformation and streamlining of the recruitment process for nursing. This was fuelled by a deep dive undertaken jointly by HR and Nursing in August 2016 which demonstrated unwarranted variations in Band 5 recruitment processes which affected not only time to hire but also the diversity of the population being recruited to the Trust. The result of the changes has been a remodelling of the Band 5 and Nursing Assistant assessment centre activities with a new generic consistent and innovative approach focusing on the candidate experience and building of relationships with future candidates. The format has been informed by both candidate and staff feedback and is planned for 2017 to roll on a 3 weekly basis for Band 5s and on a 6 weekly basis for Nursing Assistants from January 2017.

- 3.7 One of the key areas of challenge for the skill mix of the nursing workforce is a continuing struggle to attract new experienced nurses at Band 5 level to the Trust. GSTT is not unique in this regard. As a result a new offer was launched in December 2016 to scope interest for experienced nurses who have flexible working needs that traditionally have been difficult for individual ward areas to support from a rostering perspective. The principal is that nurses will be recruited to the Directorate (Acute Medicine and Community Adults in the first instance) substantively and they will work anywhere within that Directorate on the pattern that they need. This is a pilot initially and if successful will be rolled out with any lessons learned to other Directorates in the Trust.
- 3.8 The vacancy and turnover rate is monitored on a monthly basis through the Nursing and Midwifery Workforce Scorecard and reported to the Board through the monthly Workforce Board Report
- 3.9 A Retention Task and Finish group has been set up by HR to ensure there continues to be a focus on reducing the number of staff leaving the Trust. Key strategies are peer to peer focus groups trying to understand what makes staff stay and what are they looking for from the Trust. There has also been a rewrite of the Internal Transfer Policy to enable ease of movement of staff from within the organisation to other opportunities which may arise and alongside this there is a talent pool under development for nursing. The team are also working on the expansion of the successful Newly Qualified Nurse (NQN) rotation programme to include experienced Band 5s and to scope the interest for Band 6s. One of the key successes for nursing within the Trust this year has been the development and launch of the GI Academy which aims to encourage retention. There is work underway to disseminate the principles of the GI Academy across all areas of the Trust.
- 3.10 The Trust are also linked into the Capital Nurse programme which has four overarching objectives for nursing in the Capital –
- **Training** - Attracting students to choose nursing degree programmes in London
  - **Recruitment** - Employment of the graduate nurse
  - **Retention** – Promotion, career progression & ‘nurse’ friendly’ employment processes

- **Productivity** – Minimising use of Agency Nurses through working collectively, workforce planning & improving retention

4.0 Expectation 3 – Right Place and Time

- 4.1 Reducing unwarranted variation in standards of care and increasing productivity and standardisation of processes has been a key driver for the Nightingale Project which was launched in the Trust in May 2016. Building on the work previously completed on the Productive Ward project, the team have developed standard approaches to the first and last hour of the shift, including the introduction of a safety brief, the use of the SBAR tool to aid effective communication, introducing a 'check-in huddle' in the middle of the shift and a focus on working together as a team.
- 4.2 As outlined in the Summary Section 1.1 and 1.2 and also in Section 3.5 there is a plan to have Trust wide Multiprofessional reviews in 2017/18 with a view to reducing variation and to explore opportunities for multiprofessional role redesign.
- 4.3 Health Roster is a key enabler for effective and efficient deployment of staff across all areas. Thanks to investment, the Health Roster team expanded in the late summer and have been working through the rebasing of all the rosters by updating of the demand templates. Key Performance indicators have been agreed including the key metric of having rosters published six weeks in advance of their start date. There are 6 areas that will be moving in the first 3 months of 2017 to a rolling rota model which should improve staff satisfaction with work-life balance and enable consistent workforce planning. There are 2 different models to be used; 1 is for large rotas where staffing numbers are the same both day and night eg. in maternity and ICU. This is a 9 week working pattern. The 2nd model is for ward based rotas which have different staffing numbers on days and nights and is a 10 week rolling pattern.

- 4.4 The Trust HR and CNO team are working closely with Allocate, who own the HealthRoster software, to maximise the productivity and functionality of the system whilst also working with frontline Roster Creators to support the creation of safe, effective rosters which meet the needs of patients and support staff to have a healthy work pattern.
- 4.5 Nursing Agency usage in 2016 has been significantly reduced from the same period in 2015 (from 9.8% of total paybill to 6.31%). There continues to be challenges in specific areas in the Trust particularly with the impact of increasing demand through acute services and also with patients suffering from mental health issues, and requiring enhanced care (specialling) to protect them from harm events. It is anticipated that with an improved picture in the overall nursing vacancy rate this will have a positive impact upon the general use of agency nurses across the Trust. Continued vigilance of the controls in place will also support the reduction. Further work is underway to improve the use of specials in the Trust, including a complete review of the Policy, and work with SLAM on networks of Mental Health Nurses to support patients in the acute service and improve their pathways of discharge into Mental Health care.
- 4.6 GSTT has also led a project with other London Trusts to implement an agreement on agency rates. This has meant that the use of agencies whose rates for clinical staff are non-compliant with NHS's agency cap has ceased since November 2016. For GSTT the highest impact of clinical shifts, which had previously been breaching the cap, have been seen in the Critical Care areas and the Emergency Department. This project has been an excellent example of networking to improve standardisation and drive down costs to the NHS across the capital as outlined in the Carter Review.

5.0 Request to the Board of Directors

- 5.1 To approve the nurse and midwifery staffing levels and to note actions being taken to address challenges.

Appendix 1

Directorate Workforce Reviews summary sheet - CLIMP- December 2016																												
		Establishment									Weekday Shift				Weekend Shifts				Night Shifts							Dec-16		
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Nursing: patient ratio Registered Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Registered Weekend numbers on shift	Registered Nursing: patient ratio Weekend	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night Weekday numbers on shift	Unregistered Night Weekday Numbers on shift	Registered Nursing: patient ratio weekday	Registered Night Weekend numbers on shift	Unregistered Night Weekend Numbers on shift	Registered Night Nursing: patient ratio Weekend	Are you requesting an increase in establishment at this review? YES or NO				
CLIMP	Nuclear Medicine	N/A	4.0	0.0	4.00	N/A	N/A	N/A	N/A	4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No			
	Radiology	N/A	31.0	25.9	56.90	22%	N/A	N/A	yes	16	N/A	20	36	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No			

Comments

Weekends and overnight is covered by an on call rota. Currently there is one nurse on call but we are just enetering in to consultation to have 2.

Radiology: = department as a whole not just interventional radiology

31 wte in registered coloumn includes the Hon post and matron post

Directorate Workforce Reviews summary sheet Cardiovascular- December 2016

		Establishment									Weekday Shift					Weekend Shifts				Night Shifts							Dec-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	<u>UPLIFT</u>	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	<u>Weekday</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekday</u>	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	<u>Weekend</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekend</u>	<u>Weekend</u> Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Night <u>Weekday</u> numbers on shift Registered	Nursing: patient ratio Registered Night weekday	Night <u>Weekend</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekend</u>	Night <u>Weekday</u> Numbers on shift Unregistered	Night <u>Weekend</u> Numbers on shift Unregistered	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart				
Cardiovascular	Becket Ward	30	26.99	5.6	32.59	20%	82:18	1	no	7	1:6	3	10	5	1:6	2	7	4	1:7	4	1:7	0	0	no				
	Doulton Ward	25	21.61	6.15	27.76	20%	81/19	1	no	5	1:7	1	6	5	1:7	1	6	3	1:9	3	1:9	1	1	no				
	Sarah Swift Vascular	33	34.7	7	41.7	21%	80/20	1	no	7	1:5	3	10	7	1:5	3	10	6	1:6	6	1:6	0	0	no				
	Luke Ward	12	13.18	5	18.18	21%	70/30	1	no	3	1:5	1	4	3	1:5	1	4	2	1:6	2	1:6	1	1	no				
	Luke Ward HDU	4	10	0	10	21%	n/a	0	n/a	2	1:2	0	2	2	1:2	0	2	2	1:2	2	1:2	0	0	no				
	Stephen Ward	33	30.08	8	38.08	20%	70/30	1	no	7	1:5.5	3	10	7	1:5.5	3	10	5	1:6	0	1:6	0	0	no				
	Cardiac Care Unit	6	20.69	2	22.69	21%	88/12	1	Y/N (see comment)	3 to 4 (see comments)	1:2	0-1 (see comments)	4	3 to 4 (see comments)	1:2	0-1 (see comments)	4	3 to 4 (see comments)	1:2	3 to 4 (see comments)	1:2	0-1 (see comments)	0-1 (see comments)	no				
	Cardiac Cath Labs	N/A			0																							
	Cardiac Out patients	N/A			0																							

CCU have days when there are 4 qualified or 3 qualified if there is a Clinical Care practitioner on duty
The number of registered nurses includes the B7
Becket ward have 5 radial chairs staffed throughout the week as part of day case procedures.

Directorate Workforce Reviews summary sheet SAS - December 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts								Dec-16	
Directorate	Ward Area	Numbers of Beds if applicabl e	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio - %reg v unreg	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	<u>Weekday</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekday</u>	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	<u>Registered Weekend</u> numbers on shift	Registered Nursing: patient ratio <u>Weekend</u>	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night <u>Weekday</u> numbers on shift	Unregistered Night <u>Weekday</u> Numbers on shift	Registered Nursing: patient ratio <u>weekday</u>	Registered Night <u>Weekend</u> numbers on shift	Unregistered Night <u>Weekend</u> Numbers on shift	Registered Night Nursing: patient ratio <u>Weekend</u>	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart	Comments		
GRIDA	GUM / SRH	N/A	27.3	11.0	38.34	21%	71:29	0.5	YES	11	N/A	4	15	5	N/A	2	7	N/A	N/A	N/A	N/A	N/A	N/A	NO	I have consolidated the GUM & SRH lines as per consultation		
	Harrison Wing / HIV	N/A	5.0	5.0	10.00	21%	50:50	0.2	YES	3	N/A	4	7	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	No	Previously frozen B3 posts for A&E HIV testing project are being filled		
	Child Allergy and Dermatology	N/A	5.0	1.0	6.00	21%	84:16	0.2	YES	5	N/A	1	6	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Asking for increase in BP to support additional activity and Rare Diseases Centre		
	Dermatology Surgery and Laser (DSL)	N/A	7.9	1.0	8.90	21%	89:11	0.2	YES	5	N/A	1	6	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	Yes	May ask for increase in BP to support additional consultant work		
	Day Treatment Unit (Dowling)	N/A	8.43	0.0	8.43	21%	100:0	0.2	YES	5	N/A	0	5	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	NO	Increased by 0.5 B5 to support increased activity		
	Dermatology Day Centre (DDC)	N/A	7.8	6.00	13.80	21%	56:44	0.4	YES	5	N/A	5	10	2	N/A	1	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NO	Increased 1.8 B5 in year to support additional activity	
	Photopheresis	N/A	6.6	5.00	11.60	21%	57:43	0.4	YES	4	N/A	4	8	2	N/A	0	3	N/A	N/A	N/A	N/A	N/A	N/A	NO			
	Rheumatology	N/A	4.0	4.00	8.00	21%	50:50	0.2	YES	4	N/A	3	7	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Increased by 1 WTE B3 to support additional phlebotomy activity since move from STH		
	Young people Outreach Team	N/A	4.0	0.0	4.00	21%	100:0	N/A	N/A	4	N/A	0	4	0	00:00	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NO	Been given notice that the service will be decommissioned by Sep 2017	
	HIV Community	N/A	5.51	0.0	5.51	21%	100:0	N/A	N/A	5	N/A	0	5	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NO		
Adult Allergy	N/A	3.0	3.0	6.00	21%	50:50	N/A	N/A	3	N/A	2	5	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Will ask for additional B5 in BP to support move to new area with 3 days additional activity		
General Comments: A number of services has had an increase in HCA's and junior nurses in year as activity has increased and there was investment in new consultants to support this. In business planning this year there will be requests for nursing staff both to support increased activity, evening and weekend work driven by further consultant appointments. We will also request staff to man the new Rare Disease Centre. In addition to the above there will also be requests for additional CNS support for the nurse-led surgery service and the medical dermatology service. Draft BP requests will be completed by End Dec 2016. The Young Peoples Outreach Team has been given notice that they will be decommissioned by Sep 2017 and we are still awaiting further guidance. Likewise, in HIV we have been given notice that a workforce review will be taking place but no timescale or guidance has yet been given.																											
Workforce review agreed and signed off by Eileen Sills (Chief Nurse) on																											

Directorate Workforce Reviews summary sheet Community Adults- December 2016

		Establishment								Weekday Shift				Weekend Shifts				Night Shifts						Dec-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Nursing: patient ratio Registered Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Registered Weekend numbers on shift	Registered Nursing: patient ratio Weekend	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night Weekday numbers on shift	Unregistered Night Weekday Numbers on shift	Registered Nursing: patient ratio weekday	Registered Night Weekend numbers on shift	Unregistered Night Weekend Numbers on shift	Registered Night Nursing: patient ratio Weekend		
Community Adults	ARU	12	11.6	9	20.6	20.00%	65:35:00	100%	Yes	3	1:4	2	5	2.5	1:5	2	4.5	2	1	1:6	2	1	1:6		
	Minnie Kidd House	28	14	19.6	33.6	20.00%	43:57:00	100%	Yes	3	1:9:3	5	8	3	1:9:3	5	8	2	2	1:14	2	2	1:14		
	Pulross	20	17	13	30	20.00%	47:53:00	100%	Yes	4	1:5	3	7	3	1:6.6	3.5	6.5	2	2	1:10	2	2	1:10		
	District Nurses	26,000 / month average	183.3	30.1	213.38	16%	85.10	100% band 7, 30% band 6	yes																
	@home Services	average 50 - 60 contacts/day	40	15	55.00	20%	NA	0.2WTE	Yes	10-12	n/a	4-6	14-18	10-12	n/a	4-6	14-18	2	2	N/A	2	2	N/A		

Specialist Nurse Services name		Funded Establishment (Qualified WTE)	Unregistered funded establishment (WTE)	Total funded establishment (Qualified & unregistered)	Vacancy rate
Teams in place	Bladder & Bowel Specialist	2	0	2	50%
	Heart Failure Service (Acute & Community combined)	9	0	9	8.33
	Care Home support	8	0	8	29%
	MS specialist nursing	3	0	3	33%
	Palliative care and @home night service	6.00	4.00	10.00	14.3
	Unifed point of access @ho	2	4	6	79.13
	Learning Disability Commur	11.5	0	11.5	
	Early Intervention and Prev	2	0	2	
	Blood Bourne Virus Team	2	0	2	
	Community TB Team	9.6	0	9.6	
	Health Inclusion Team	8	0	8	
	DH Barry House	2.6	0	2.6	
	Refugee/Asylum Seekers	1.8	0	1.8	

	Registered	Unregistered	Total	Skill Mix	Uplift
Amputee Rehab Unit	13	7	20	65:35:00	20%
Minnie Kidd House	14	20	34	43:57:00	20%
Pulross Centre	16	17.8	33.8	47:53:00	20%

Womens Directorate Workforce Reviews summary sheet - Women's Jan 2016

		Establishment									Weekday Shift				Weekend Shifts				Night Shifts						Dec-16		
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT %	skills mix ratio %	Supervisor y time of ward sister (wte)	Nurse in Charge included in numbers yes or no	<u>Weekday</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekday</u>	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	<u>Registered Weekend</u> numbers on shift	Registered Nursing: patient ratio <u>Weekend</u>	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night <u>Weekday</u> numbers on shift	Unregistered Night <u>Weekday</u> Numbers on shift	Registered Nursing: patient ratio <u>weekday</u>	Registered Night <u>Weekend</u> numbers on shift	Unregistered Night <u>Weekend</u> Numbers on shift	Registered Night Nursing: patient ratio <u>Weekend</u>	Are you requesting an increase in establishment at this review that			
Women's	Antenatal Ward	19	14.1	2.0	16.10	23%	72:28	0.8	yes	3	1:6	1	4	3	1:6	1	4	2	1	1:10	2	1	1:10	No			
	The Birth Centres (inc Theatres)	34	96.0	18.1	114.05	23%	72:28	2	yes	17	1:2	4	21	17	1:2	3	20	17	3	1:2	17	3	1:2	No			
	Post Natal Ward	38	41.5	15.4	56.90	23%	84:16	1	yes	6	1:6	3	9	6	1:6	3	9	5	2	1:8	5	2	1:8	No			
	Westminster Maternity Suite	6	14.4	2.5	16.85	23%	73:27	0.2	yes	3	1:3	1	4	2	1:3	1	3	2	0	1:3	2	0	N/A	No			
	The Gynaecology Ward	27 23 at w/end	27.2	5.0	32.20	21%	85:15	1	yes	6	1:5	1	7	5	1:5	1	6	4	1	1:7	3	0	1:8	No			
	Gynaecology Out Patients	NA	18.8	4.00	22.81	21%	85:15	0.5	yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	increase the WTE CNS (urogyna		
	Day Assessment Unit	NA	13.5	1.93	15.43	23%	90:10	0.5	yes	4	N/A	1	5	3	N/A	1	4	N/A	N/A	N/A	N/A	N/A	N/A	No			
	High Risk Teams	NA	13.6	0.00	13.60	23%	100	0.4	yes	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No		
	Assisted Conception Unit	NA	17.1	4.0	21.10	21%	81:19	0.8	yes	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No		
	Pregnancy and Acute Gynae Unit	NA	12.9	3.7	16.60	21%	81:19	0.8	yes	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No		
	Antenatal Clinic	NA	7.1	2.8	9.90	23%	76:24	0.2	yes	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No		
	Community Midwives	NA	62.5	4.0	66.50	23%	93:7	2.2	yes	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No		
	Fetal Medicine Unit	NA	7.3	2.0	9.30	23%	82:18	N/A	yes	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No		

Directorate Workforce Reviews summary sheet - GMS December 2016																										
		Establishment									Weekday Shift				Weekend Shifts				Night Shifts						Dec-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	<u>UPLIFT</u>	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	<u>Weekday</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekday</u>	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	<u>Weekend</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekend</u>	<u>Weekend</u> Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Night <u>Weekday</u> numbers on shift Registered	Nursing: patient ratio Registered Night weekday	Night <u>Weekend</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekend</u>	Night <u>Weekday</u> Numbers on shift Unregistered	Night <u>Weekend</u> Numbers on shift Unregistered	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart		
	Alan Apley	22	25.0	8.0	33.0	21%	76:24	1	no	5	1:6	2	7	5	1:6	2	7	4	1:5	4	1:5	1	1	no		
	GI Unit	51	58.4	15.0	73.4	21%	79:21	2	no	13	1:5	4	17	13	1:5	4	17	9	1:6	9	1:6	2	2	no		
	Nightingale	28	25.0	7.8	32.8	21%	76:24	1	no	5	1:5	2	7	5	1:5	2	7	4	1:5	4	1:5	1	1	no		
GMS	Alan Apley ward will be reducing to 18 inpatient beds + 1 ambulatory bed to include SAU. Establishment will therefore change to 30 wte. The staffing of SAU will be reviewed due to high numbers of ambulatory patients and the posts will be repurposed as part of this review. For business planning off ward posts are being reviewed and requested for increase - ANP posts to be increased by 1 wte (currently funded under winter pressures) to account for increase in SAU activity IBD infusion growing the team due to increase in service - business plan for Band 7 and Band 5 being prepared CNS role required to pick up benign work, Barretts, gastric balloons and capsule work in endoscopy Growth in endoscopy service including opening of 5th endoscopy room so potential for request to increase nursing establishment and decontamination team to support the service																									

		Establishment									Weekday Shift				Weekend Shifts				Night Shifts							Dec-16
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	<u>Weekday</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekday</u>	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	<u>Weekend</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekend</u>	<u>Weekend</u> Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Night <u>Weekday</u> numbers on shift Registered	Nursing: patient ratio Registered Night weekday	Night <u>Weekend</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekend</u>	Night <u>Weekday</u> Numbers on shift Unregistered	Night <u>Weekend</u> Numbers on shift Unregistered	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart		
Medical Specialties	Ophthalmology		26.0	10.0	36.0	19%																				
	Diabetes		21.8	3.0	24.8																					
	Endocrinology		3.0	N/A	3.0																					
	Lipids and Obesity		1.0	N/A	1.0																					
	Neurology		1.8	N/A	1.8																					
	Neurophysiology		N/A	1.0	1.0																					
	Neurofibromatosis NF1 and NF2		5.5	1.0	6.5																					
	Diabetes Eye Complication Screening		0.0	0.0	0.0																					
	Gassiot House and Outpatients		14.0	8.0	22.0																					
	Nutrition and Dietetics		0.0	0.0	0.0																					
	Gracefield Gardens		0.0	0.0	0.0																					N/A

Directorate Workforce Reviews summary sheet - Transplant Renal and Urology December 2016

		Establishment									Weekday Shift				Weekend Shifts				Night Shifts							Dec-16	
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	<u>Weekday</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekday</u>	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	<u>Weekend</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekend</u>	<u>Weekend</u> Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Night <u>Weekday</u> numbers on shift Registered	Nursing: patient ratio Registered Night weekday	Night <u>Weekend</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekend</u>	Night <u>Weekday</u> Numbers on shift Unregistered	Night <u>Weekend</u> Numbers on shift Unregistered	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart			
Transplant Renal and Urology	Aston Key	26	26.37	8.90	35.27	21%	75:25	1	no	6	1:5	2	8	5	1:5	1	6	4	1:7	4	1:7	1	1	no			
	Nuffield	12	7.00	2.00	9.00	21%	66:34	0.5	no	3	1:4	1	4	N/A	N/A	N/A	0	2	1:6	N/A	N/A	N/A	N/A	no			
	Florence	26	26.40	8.90	35.30	21%	75:25	1	no	6	1:5	2	8	5	1:5	1	6	3	1:6	3	1:6	1	1	no			
	Patience	17	25.21	8.00	33.21	21%	73:27	1	no	5	1:3	2	7	4	1:4	2	6	3	1:6	3	1:6	1	1	no			
	Richard Bright	22	30.71	3.00	33.71	22%	92:8	1	no	6	1:4	1	7	6	1:4	2	8	5	1:4	5	1:4	0	0	no			
	Dialysis Specialists	ACUTES	10.00	0.00	10.00	21%	100	1	yes	5	1:2	0	5	5	1:2	0	5	N/A	N/A	N/A	N/A	N/A	N/A	no			
	Rapid Assessment & DayCase		2.00		2.00																			no			
	Astley Cooper	24	22.00	4.00	26.00	21%	80:20	1	NO	9	1:3	2	11	9	1:3	2	11	N/A	N/A	N/A	N/A	N/A	N/A	no			
	Borough Kidney Treatment	39	31.80	8.00	39.80	21%	80:20	2	yes	8	1:4	3	11	8	1:4	3	11	3	N/A	3	N/A	1	1	no			
	Tunbridge Wells	28	19.00	5.00	24.00	21%	79:21	0	no	7	1:4	3	10	7	1:4	2	9	N/A	N/A	N/A	N/A	N/A	N/A	no			
	New Cross	20	12.00	4.00	16.00	21%	75:25	1	yes	4	1:4	2	6	4	1:4	2	6	N/A	N/A	N/A	N/A	N/A	N/A	no			
	Camberwell	21	14.00	5.00	19.00	21%	74:26	1	yes	5	1:4	2	7	5	1:4	2	7	N/A	N/A	N/A	N/A	N/A	N/A	no			

In December 2016 Trialling closure of 10 beds on Aston Key Ward over the weekends. Staffing will be reduced correspondingly if trial successful - currently redeploying to other areas on a shift by shift basis. Aim to reduce by 1 RN per shift.

Directorate Workforce Reviews summary sheet - Haematology/Oncology December 2016

		Establishment									Weekday Shift				Weekend Shifts				Night Shifts						Dec-16		
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio %	Supervisory time of	Nurse in Charge	Weekday number	Nursing : patient	Numbers on shift	Totals of	Weekend number	Nursing : patient	Weekend Number	Totals of	Night Weekday av	Nursing : patient	Night Weekend	Nursing : patient	Night Weekday av	Night Weekend	Are you requesting an			
Haematology/Oncology	Dorcas	28	30.4	3.68	34.08	22%	92:8	1	yes	6.5	1:5	0.5	7	6.5	1:5	0.5	7	4	1:7	5	1:6/1:7	1	1	no			
	Samaritan	25	31.1	6.4	37.5	23%	83:17	1	yes	7	1:4	1	8	6	1:4	2	8	4	1:6	4	1:6	1	1	no			
	Hedley A	24	32.7	6.3	39	23%	79:21	1	yes	7	1:4	1.5	8.5	7	1:3	1	8	4	1:5	4	1:5	0.5	1.5	no			
	Blundell	22	36.5	4.3	40.8	23%	90:10	1	yes	8	1:3	1	9	7	1:3	1	8	5	1:5	5	1:5	0.5	0.5	no			
	Esther	19	17.5	2	19.5	23%	88:12	1	yes	5	1:4	1	6	3	1:3	1	4	3	1:6	3	1:6	0	0	no			
	Oncology Outpatient	N/A	32.4	11	43.4	23%	65:35	1.4	yes	25	N/A	9	34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	no		
	Haematology Day	N/A	11.78	3	14.78	23%	79:21	0	yes	9	N/A	2	11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	no		
	Clinical Haemostasis & Thrombosis	N/A	15.2	7	22.2	23%	62:38	0	N/A	11	N/A	6	17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
	ENT Clinic	N/A	7.9	0.5	8.4	22%	NA	0	yes	6	N/A	0.5	6.5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
	Palliative	N/A	21.7	0	21.7	23%	100:0	N/A	N/A	20	N/A	N/A	20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			

There have been several changes in year due to business planning posts and reshuffling of multi-disciplinary positions

[illegible]

		Establishment									Weekday Shift				Weekend Shifts				Night Shifts													
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	WPI/ET	skills mix ratio %	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	Weekday numbers on shift Registered	Nursing: patient ratio Registered	Weekday	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	Weekend	Weekend	Total numbers of Registered & Unregistered on Shift	Night	Weekday	Nursing: patient ratio Registered Night weekday	Night	Weekend	Nursing: patient ratio Registered	Night	Weekday	Nursing: patient ratio Registered	Night	Weekend	Nursing: patient ratio Registered	Night	Weekend	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart
Acute Medicine	Albert Ward	28	28.10	13.20	41.30	21.70%	68:32	1	yes	6	1:4/5	3	9	6	1:4/5	3	9	4	1:7	4	1:7	2	2	NO								
	Anne Ward	28	27.90	13.20	41.10	21.70%	68:32	1	yes	6	1:4/5	3	9	6	1:4/5	3	9	4	1:7	4	1:7	2	2	NO								
	EMU (Evan Jones)	22	31.00	8.00	39.00	22%	81:19	1	yes	6	1:4	2	8	6	1:4	2	8	6	1:4	6	1:4	1	1	NO								
	Henry Ward	28	27.90	13.20	41.10	21.70%	68:32	1	yes	6	1:4/5	3	9	6	1:4/5	3	9	4	1:7	4	1:7	2	2	NO								
	Hillyers Ward 2	18	22.20	8.00	30.20	21.80%	73:27	1	yes	4	1:4/5	2	6	4	1:4/5	2	6	3	1:6	3	1:6	1	1	NO								
	Mark Ward	28	27.90	16.30	44.20	21.60%	62:38	1	yes	6	1:4/5	4	10	6	1:4/5	5	11	4	1:7	4	1:7	2	2	NO								
	Acute Admissions	52	70.40	31.10	101.50	21.70%		1	yes	12	1:5/6/7	7	19	12	1:5/6/7	7	19	11	1:6/7	11	1:6/7	4	4	NO								
	Alexandra Ward	28	27.90	13.20	41.10	21.70%	68:32	1	yes	6	1:4/5	3	9	6	1:4/5	3	9	4	1:7	4	1:7	2	2	NO								
	William Gull Ward	28	28.10	13.20	41.30	21.70%	68:32	1	yes	7	1:4/5	3	10	6	1:4/5	3	9	4	1:7	4	1:7	2	2	NO								
	A&E Adult	N/A	111.34	13.83	125.17	N/A	N/A	yes		21	N/A	2	23	21	N/A	2	23	21	N/A	23	N/A	2	2	NO								
	A&E Paeds	N/A	22.64	1.96	24.60	N/A	N/A			3	N/A	3	6	3	N/A	3	2	N/A	2	N/A	0	0	NO									
	STH UCC	N/A	16.65	0.00	16.65	N/A																							NO			
	Guy's UCC (08.00-20.30)	N/A	7.50	0.00	7.50	N/A																							NO			

There have been several changes in year due to business planning posts and reshuffling of multi-disciplinary positions

Directorate Workforce Reviews summary sheet PCCP - Jan 2017																										
		Establishments								Weekday Shift				Weekend Shifts				Night Shifts						Jan-17		
Directorate	Ward	Numbers of Beds	Registered	Unregistered	Total Establishment	UPLIFT	skills mix ratio	Supervisory time of ward sister (wte)	Nurse in Charge included in numbers yes or no	<u>Weekday</u> numbers on shift Registered	Nursing: patient ratio Registered <u>Weekday</u>	Numbers on shift Unregistered	Total numbers of Registered & Unregistered on Shift	<u>Registered Weekend</u> numbers on shift	Registered Nursing: patient ratio <u>Weekend</u>	Unregistered Numbers on shift	Total numbers of Registered & Unregistered on Shift	Registered Night <u>Weekday</u> numbers on shift	Unregistered Night <u>Weekday</u> Numbers on shift	Registered Nursing: patient ratio <u>weekday</u>	Registered Night <u>Weekend</u> numbers on shift	Unregistered Night <u>Weekend</u> Numbers on shift	Registered Night Nursing: patient ratio <u>Weekend</u>	Are you requesting an increase in establishment at this review that is separate to your BP? Enter a YES or NO and enter comments in the box below the chart	Patient contact face time % (Based on latest audit)	
PCCP	ECH Theatres	N/A	84.07	8.4	92.50	20%	10:1	N/A	Yes	40	N/A	3	39	5	N/A	0	5	4+3o/c	0	N/A	4+3o/c	0	N/A	NO	NA	
	ICU1 & 2&GCCU	43	273.05	10.3	283.08	22%	27:1	2	Yes	46	1:1	0.5	46.5	46	1:1	0.5	46.5	46	.5	0	46	0.5	1:1	NO	NA	
	Guy's Main Theatres + Nuffield+SAL	N/A	180.98	13.4	194.40	20%	14:1	N/A	Yes	81	N/A	9.9	90.9	24	N/A	1	25	4	0	N/A	4	0	N/A	NO	NA	
	Guy's Day Surgery Unit	N/A	39.08	5.0	44.08	20%	8:1	1	YES	23	N/A	3	26	17	N/A	1	18	N/A	N/A	N/A	N/A	N/A	N/A	NO	NA	
	Victoria HDU	10*	44.06	3.0	47.06	22%	11:1	0.5	Yes	8	1:2 +SR	variable	8	8	1:2 +SR	variable	8	8	variable	1:2 +SR	8	variable	1:2 +SR	NO	NA	
	Lane Fox Unit	14	51.51	2.0	53.51	22%	25:1	0.5	Yes	8	1:2	0.05	8.05	8	1:2	0.5	8.5	6	0	1:2.3	6	0	1:2.3	NO	NA	
	STH Day Surgery Unit	N/A	64.74	6.0	70.74	20%	10:1	1	YES	38	N/A	2	40	19	N/A	1	20	N/A	N/A	N/A	N/A	N/A	N/A	NO	NA	
	STH Recovery&SAL	incl 11OIR	43.39	1.0	44.39	20%	21:1	N/A	Yes	25	N/A	2	27	12*	N/A	1	13	15	0	N/A	6	0	01:01	NO	NA	
	Cardiac Theatres	N/A	45.88	3.0	48.88	20%	12:1	N/A	Yes	22-26	N/A	1	1	3o/c	N/A	0	3o/c	3o/c	0	N/A	3o/c	0	N/A	NO	NA	
	North Wing Theatres	N/A	114.74	7.5	122.26	20%	15:1	N/A	Yes	50	N/A	2	52	4	N/A	0	4	7	0	N/A	7	0	N/A	NO	NA	
	Clinical Development Team	N/A	11.21	0.0	11.21	20%	N/A	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	NO	NA	
	Pre-assessment Unit Guy's & STH	N/A	20.94	7.0	27.94	20%	3:1	1	YES	15	N/A	6	21	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	NO	NA	
	ECMO	N/A	21.47	0.0	21.47	22%	N/A	N/A	N/A	2	01:02	0	2	2	01:02	0	2	2	0	01:02	2	0	01:02	NO	NA	
	Pain Management	N/A	16.09	1.0	17.09	20%	NA	N/A	Yes	11.7	N/A	0	11.7	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NO	NA
	Page HDU	4	17.19	1.00	18.19	22%	NA	0.5	Yes	3	1:2	0	3	3	1:2	0	3	3	0	1:2	3	0	1:2	NO	NA	
	OIR	11	41.73	3.27	45.00	22%	NA	1	Yes	8	1:2	9	17	6	1:2	0	6	9	0	1:2	3	0	1:2	NO	NA	
	Doulton HDU	10	24.92	1	25.92	22%	NA	0	Yes	max 5.5*	01:02	0	5.5	5*	01:02	0	5	5	0	01:02	5*	0	01:02	NO	NA	

NB Significant change from last year: increase in GMT and ECH establishments due to new theatre and new procedure room

Increase in unregistered posts, using registered post vacancies, in theatres changing registered:unregistered ratios, this is an ongoing process

Changes for 2017/18 - specialities are requesting 6-8% increases in activity but specialities will submit their own SBCs including theatre costs and wtes required therefore

PCCP do not yet have sight of exact numbers required Application to build new critical care facility (11 beds) on EW6 BC has requested 55wte

Ongoing review of how to reshape workforce with B3/4 staff

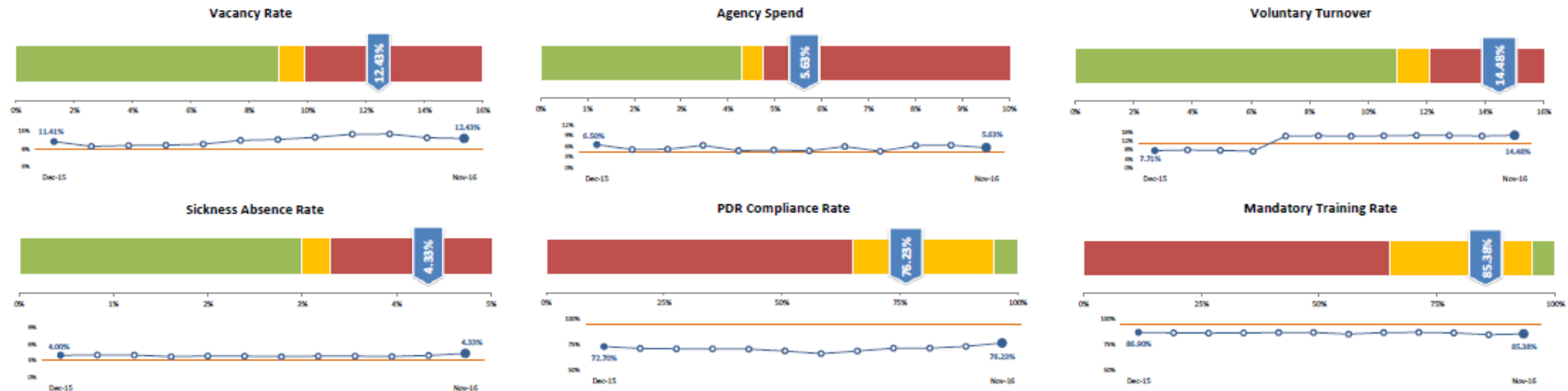
Appendix 2 – Nursing Workforce Scorecard

Nursing Workforce Dashboard

November 2016

Guy's and St Thomas' NHS
NHS Foundation Trust

Workforce Performance Indicators - Nursing and Midwifery Staff (inc Nursing Assistants) - November 2016



Directorate Workforce Performance - Nursing Staff													
Directorate	ESR Metrics									Healthroster Metrics			
	Budget (FTE)	Staff in Post (FTE)	Vacancy Rate %	External Applicants (Pipeline- 9th Dec 2016)	Agency Staff (% of payroll)	Sickness %	Voluntary Turnover 12m %	PDR %	Mandatory Training %	Annual Leave %	Unused Hrs per WTE	Published Rota (Wks in advance)	Shifts Without Charge Cover
Acute Medicine	634.96	536.79	15.5%	40	16.4%	3.8%	19.1%	62.5%	85.6%	11.2%	4.17	3.1	82
Cardiovascular Services	264.65	244.96	7.4%	18	2.9%	2.0%	11.7%	77.3%	85.8%	11.1%	3.53	4.7	7
Clinical Imaging & Med Physics	62.98	46.12	26.8%	7	5.3%	11.6%	4.3%	78.8%	82.7%	-	-	-	-
Community Adults	473.39	372.11	21.4%	17	11.3%	5.5%	15.3%	84.5%	94.7%	13.6%	4.78	2.9	107
Evelina Community Services	338.48	305.07	9.9%	4	1.4%	7.2%	17.0%	86.9%	85.8%	-	-	-	-
Evelina Medicine & Neonatology	470.64	396.40	15.5%	16	4.5%	3.2%	11.1%	80.8%	86.7%	8.7%	2.30	3.1	29
Evelina Surgery & PICU	305.20	272.32	10.8%	15	2.4%	3.9%	13.8%	79.4%	86.6%	13.3%	5.61	5.9	0
Gastrointestinal Medicine & Surgery	227.00	186.17	18.0%	12	3.0%	2.3%	17.5%	73.0%	80.5%	11.3%	7.18	3.4	41
Transplant, Renal and Urology	364.00	315.49	13.3%	15	4.4%	6.3%	10.4%	76.4%	85.2%	-	-	-	-
Specialist Ambulatory Services	180.58	166.77	7.6%	11.46	4.1%	2.0%	10.1%	95.8%	91.3%	12.5%	7.19	5.0	16
Medical Specialities	90.06	77.02	14.5%	4	4.0%	3.2%	6.5%	85.9%	87.5%	10.2%	0.04	-1.1	0
Oncology & Haematology	361.42	344.86	4.6%	26	2.5%	2.7%	17.6%	70.0%	86.6%	11.6%	3.44	3.4	31
PCCP	1186.51	1025.70	13.6%	59	5.4%	4.2%	15.9%	73.4%	87.5%	13.2%	3.20	4.1	99
Surgery	151.58	140.06	7.6%	9	0.6%	5.2%	14.5%	83.5%	87.7%	14.0%	3.16	4.0	4
Womens Services	445.08	413.83	4.8%	18	3.2%	4.7%	9.6%	81.5%	78.7%	11.4%	4.20	3.6	18
Inpatient Services	76.42	66.19	13.4%	3	0.5%	8.6%	11.4%	43.1%	68.5%	13.6%	8.71	4.1	0
Trust	5824.50	5100.54	12.43%	330.46	5.63%	4.33%	14.48%	76.2%	85.4%	12.0%	3.70	2.9	444

Source: Workforce Intelligence (ESR, HealthJobs-Recruitment data, Healthroster)
Reporting Period: ESR data November 2016, Healthroster 28th October - 20th November, recruitment pipeline 9th December 2016.
Definitions:
The data above relates to the full Nursing cohort (Registered and Unregistered) of substantive staff employed at the end of the reporting period.
The Trust totals represent all staff within the cohort including Corporate areas and smaller areas not shown separately. Rese arch posts (non hosted) within R&D are excluded.

Directorate	Ward	Staffing							Healthroster					Spend in month			Development			Ward Performance				
		Care hours per Patient Day	Care hours requirement from IPAMS	Days captured on IPAMS	Bed Ref Alerts to month	Vacancy %	External Applicants to Rec Postcode	Sickness rate	Leavers in month	Template Not amended	Published Rate (N/A to Leads)	Total Unavailability % (Leads Percentage)	Annual Leave % WTE	Unused Hrs per WTE	Shifts Without Change Cover	Spend vs Budget in month	Agency Payroll % of Nursing Payroll	Specialist % of Temp Bookings to provide Specialist	POR Rate	Mandatory Training Alerts	Local Induction Completion	Overall Performance	Last Month Performance	Change on last month
Acute Medicine	ABE Adult	-	-	-	-	13.0%	2	0.0%	2	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	ABE ICC	-	-	-	-	13.0%	2	0.0%	2	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	ABE Paeds	-	-	-	-	13.0%	2	0.0%	2	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Albert Ward	7.6	8.5	29	5	3.3%	4	0.0%	1	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Alexandra Ward	12.8	9.2	28	2	3.3%	5	0.0%	1	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Anne Ward	7.6	9.2	27	5	16.7%	2	0.0%	2	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	EMU	-	7.8	30	-	11.6%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Henry Ward	9.1	9.1	29	2	11.6%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Hilliers Ward	11.5	8.3	26	2	23.3%	6	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Mark Ward	9.3	9.0	29	3	22.6%	6	0.0%	1	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
Cardiovascular Services	Admissions Ward	15.6	8.7	30	2	17.0%	7	0.0%	1	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	William Gull Ward	7.9	8.5	29	3	2.9%	2	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Cardiac Care Unit	23.6	10.0	30	0	2.7%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Cath Lab Nursing	-	-	-	-	15.5%	4	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Becker Ward	6.9	6.2	29	-	3.0%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Udoulton Ward	5.4	7.4	27	2	13.6%	5	0.0%	2	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Sarah Swift Vascular	6.3	7.3	30	2	8.9%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Luke Ward/IV Bay	8.7	8.0	30	3	8.9%	2	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Stephen Ward	5.1	6.2	30	2	7.4%	4	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Alan Apley Ward	8.7	5.5	30	-	14.7%	-	0.0%	1	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
Gastrointestinal Medicine & Surgery	Ed Unit (Gastrointestinal) Page Ward - Northumberland	7.4	7.5	27	-	20.4%	5	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Highgate Ward	5.7	6.3	26	4	9.4%	8	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Ed Unit Key Ward	6.9	6.3	29	0	6.4%	2	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Florence Ward	7.5	6.3	30	6	14.6%	3	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Patience Ward	8.6	7.5	28	5	14.6%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Richard Bright Ward	7.9	8.4	29	3	13.2%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Justice Cooper	-	-	-	-	25.0%	1	0.0%	1	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Huffield	-	-	-	-	5.9%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Renal & Transplant CPD	-	-	-	-	2.8%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Urology (17200, 17200)	-	-	-	-	0.7%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
Transplant, Renal and Urology	Borough Kidney Treatment Centre	-	-	-	-	21.1%	2	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Camdenwell Dialysis Unit	-	-	-	-	17.1%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Community Dialysis	-	-	-	-	10.0%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	New Cross Dialysis Unit	-	-	-	-	0.0%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Londonbridge Wells Kidney Treatment	-	-	-	-	13.6%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Dialysis Specialists	-	-	-	-	1.4%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Blundell Ward	8.3	9.9	30	1	11.1%	2	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Dorcas Ward	5.5	7.8	29	1	7.0%	2	0.0%	2	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Edith Ward	7.7	8.1	29	1	7.9%	5	0.0%	1	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Hedley Atkins Ward	6.6	9.7	28	2	17.0%	6	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
Oncology and Haematology	Tamerton Ward	6.8	8.8	30	3	0.0%	-	0.0%	1	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Cancer Day Unit	-	-	-	-	5.9%	6	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Haematology Day Unit	-	-	-	-	2.0%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	ECU Theatres	-	-	-	-	23.6%	7	0.0%	2	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Day's Day Surgery	-	-	-	-	11.1%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Guys Main Theatre-Recovery/ Huff	-	-	-	-	23.6%	20	0.0%	3	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	STH Day Surgery	-	-	-	-	23.6%	5	0.0%	2	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Theatres - Central	-	-	-	-	13.1%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Theatres - North Wing	-	-	-	-	11.6%	3	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Critical Care Response Team	-	-	-	-	0.0%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
PCPD	Edith Recovery	-	-	-	-	11.1%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Clinical Development Team	-	-	-	-	10.8%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Pain Management	-	-	-	-	10.7%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Surgical Admissions Lounge Guy's	-	-	-	-	23.2%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Surgical Admissions Lounge STH	-	-	-	-	5.2%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Theatre - Huffield	-	-	-	-	16.5%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	ICUAD	-	-	-	-	11.1%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	East Wing 1 & 2 & OCCU (ICU)	-	-	-	-	11.1%	10	0.0%	6	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Lane Fox Unit	18.7	-	-	-	13.5%	2	0.0%	3	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	GUH	28.0	-	-	-	4.2%	1	0.0%	1	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
Surgery	Victoria HDU	20.4	-	-	-	13.6%	-	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Page HDU	23.6	-	-	-	27.7%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Coulton HDU	18.7	-	-	-	0.6%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Connell Ward	8.3	7.2	30	-	3.7%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	George Parkins Ward	7.7	7.3	30	2	10.4%	2	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Quaker Ward	7.7	7.4	29	0	15.7%	6	0.0%	1	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Sarah Ward	6.8	7.1	30	2	7.4%	5	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Antenatal Ward	6.9	-	-	-	4.2%	1	0.0%	-	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	The Birth Centres	28.6	-	-	-	5.9%	2	0.0%	1	-	-	-	-	-	-	-	-	-	58.3%	85.4%	86.7%	4	3	+
	Post Natal Ward	6.9	-	-	-	3.0%	2	0.0%	-	-	-	-	-	-	-	-	-	-	58.38					

Directorate	Ward	Staffing								Healthroster						Spend in month				Development			Ward Performance		
		Care Hours Per Patient Day	Care hours requirement from IPAMS	Days captured on IPAMS	Red flag Alerts in month	Vacancy %	External Applicants in Rec Pipeline	Sickness rate	Leaves in month	Template last amended	Published Rate (W/o in advance)	Total Unavailability % (inc. Parenting)	Annual Leave %	Unused Hrs per WTE	Shifts Without Charge Cover	Spend vs Budget in month	Agency Payroll % Nursing Payroll	Specialty % of Temp Bookings to provide Specialty	PDR Rate	Mandatory Training Rate	Local Induction Compliance	Overall Performance	Last Month Performance	Change on last month	
Community Adults	Bromley & Brixton District Nurses	-	-	-	-	23.3%	1	8.5%	-	Jan-17	0.9	22.3%	11.7%	11.4	20	£12,095	18.4%	0.0%	76.9%	85.2%	33.3%	4	3	+	
	Bromley & Walsworth District Nurses	-	-	-	-	23.3%	1	8.5%	-	Dec-16	0.9	23.6%	12.0%	8.7	0	£7,437	10.0%	0.0%	76.9%	85.4%	0.0%	3	3	-	
	Lambeth South District Nurses	-	-	-	-	17.0%	1	7.6%	1	-	-	-	-	-	-	£19,841	32.8%	0.0%	66.2%	89.0%	87.5%	2	2	-	
	Lambeth SE District Nurses	-	-	-	-	11.5%	1	7.6%	1	-	-	-	-	-	-	£8,959	28.4%	0.0%	84.0%	86.3%	20.0%	3	3	-	
	Lambeth SW District Nurses	-	-	-	-	25.5%	-	8.1%	1	-	-	-	-	-	-	£9,028	11.3%	0.0%	88.8%	79.8%	20.0%	4	4	-	
	Dulwich, Peckham & Camberwell District Nurses	-	-	-	-	27.0%	1	7.6%	1	Dec-16	0.7	23.0%	14.9%	1.7	0	£3,717	15.1%	0.0%	90.8%	79.4%	50.0%	4	4	-	
	@Home General	-	-	-	-	15.3%	-	7.4%	-	May-15	4.0	30.4%	13.2%	4.2	18	£266	0.0%	-	100.0%	76.5%	-	1	1	-	
	@Home South	-	-	-	-	17.0%	-	15.7%	-	Jan-17	4.0	34.8%	19.0%	3.3	23	£47,517	0.0%	0.0%	32.4%	88.0%	71.4%	2	2	-	
	At-Home Nursing	8.3	-	-	-	-	10.0%	-	13.5%	-	Nov-16	1.1	28.8%	16.8%	1.9	6	£44,000	44.5%	0.0%	100.0%	83.3%	-	3	3	-
	Miroslav Kold	8.3	-	-	-	-	26.4%	4	1.3%	1	Dec-16	1.0	23.8%	18.0%	3.7	8	£26,942	21.1%	0.8%	95.0%	80.2%	25.0%	3	3	-
Commercial	Pulitzer	7.6	-	-	-	21.1%	2	7.7%	1	Nov-16	1.7	28.7%	12.8%	1.6	6	£1,743	14.1%	1.1%	71.4%	82.0%	33.3%	4	1	+	
	Howard Ward (Private Patients)	15.5	5.4	18	-	8.8%	-	18.7%	-	Nov-16	1.7	29.8%	7.9%	1.6	0	£125	0.0%	-	92.8%	95.2%	100.0%	2	2	+	

Performance Key:
 1-2 Red indicators = Green
 3-4 Red indicators = Amber
 5 Red indicators = Red

Appendix 3a

Acute Medicine Recruitment and Retention Plan								
Updated December 2016								
No	Issues	Strategy	Description	Actions	Lead	Timescale	Progress	Comments
1	Shortage of registered nurses	Workforce remodelling for new Band 4 roles	Current Vacancy Rate is	Develop a proposal to remodel the workforce model across older peoples unit- agree funding	Heidi Jensen	End of December 2016		On track
				Advertise Band 4 roles	Heidi Jensen	Jan-17		
				Recruit to Band 4 roles	Heidi Jensen	Feb-17		
				Band 4 -start Induction	Heidi Jensen	Mar-17		
				B4 Foundation degree starts	Heidi Jensen	Mar-17		
				Phasing in of Band 4 role into establishments	Heidi Jensen	Sep-17		
				Evaluate the model	Heidi Jensen	Dec-17		
2	Recruitment Campaign	Different ways to attract candidates to Acute Medicine	Current Vacancy Rate is	Developing social media opportunities	Ian Gerrard & Sophie Hirsch			
				Review social media contribution	Ian Gerrard & Sophie Hirsch	Feb-17		
				New Job/ new year campaign	Heidi Jensen	Jan-17		
				Assessment centres for Band 2 and 5	Heidi Jensen	Dec-16		
				Talent Pool agreed	Heidi Jensen	Dec-16		
				Rotation programme to support candidates equipments	Marie McDonnell	Dec-16		
				Review of rotation staff and feedback	Marie McDonnell	Feb-17		
				Agree funding for Masters /advanced practice modules	Heidi Jensen	Dec-16		
				Make funds available	Heidi Jensen	Jan-17		
				Acute Academy model being developed	Heidi Jensen	Dec-16		
				Acute Academy model finalised	Heidi Jensen	Jan-17		

Acute Medicine Recruitment & Retention Plan								
Updated 31 October 2016								
No	Issue	Strategy	Description	Actions	Lead	Timescales	Progress	Comments
1	Improve Retention of nursing staff across Acute Medicine	Staff engagement	To increase support to front-line staff	Thanks to you campaign launched	Heidi Jensen/Evelyn Tackie	Dec-16		
				Trust launch of Violence & Aggression strategy	Eileen Silts/Jayne King	Dec-16		
				Directorate Specific V & A action plan to agree and implement	Sarah Murray/Victoria Hastings	Jan-17		
				Meet & greet & Career Options drop in sessions	Heidi Jensen	Dec-16		
				Use staff feedback from surveys, walkaround. Listening events, DMT engagement to review staff feedback and act on	Heidi Jensen/DMT	01/12/2016 and quarterly		
				Long Service Awards being developed	Heidi Jensen	Dec-16		
				Launch Long service awards	Heidi Jensen	Jan-17		
				Exploring options for enhanced beds level 1.5	James Hill/Sarah Murray/ Jacky Jones	Dec-16		
				Working with therapy leads to develop and train staff for enhanced beds level 1.5	James Hill/Sarah Murray/ Jacky Jones	Jan-17		
				Create SOP & finalise governance arrangements	James Hill/Sarah Murray/ Jacky Jones	Feb-17		
				Open Beds	James Hill/Sarah Murray/ Jacky Jones	Mar-17		
				Review progress	James Hill/Sarah Murray/ Jacky Jones	Apr-17		
				Develop Acute Medicine Academy	Heidi Jensen	Dec-16		
2	Additional Access to Education opportunities							

Appendix 3b

Adult Community Nursing Recruitment & Retention Plan								
Updated 31 October 2016								
No	Issue	Strategy	Description	Actions	Lead	Timescales	Progress	Comments
1	National shortage of qualified district nurses and community nurses	Review skill mix with a focus on non-registered employees	Current vacancy rate across directorate is 20%	Expand the non nursing roles such as pharmacy and phlebotomy to support the DN service	Dep HoN	Jan-17		End of life now in place and Health visitor for older people going to advert this month
				Develop a programme to recruit band 3 support workers absorb clinical interventions such as maintenance of basic dressings and maintenance of stable diabetic patients. The aim is to release capacity within the DN workforce to manage complex patients in t	Dep HoN	Nov-16		3 cohorts successfully trained and signed off
				Consult with Viapath colleagues to explore the option of bank phlebotomists providing immediate support to the DN service		closed		
				Explore options for external providers to support the DN service to meet the demand, potentially through a sub-contracting arrangement however this would be temporary to ensure safe staffing and would need to be agreed and negotiated with our commissioner	HoN	Jan-17		Working up the financial model with the finance team
				Develop a robust career pathway for community nurses with a view to retaining staff for up to 10 years	HoN	Apr-17		Working with the universities and Chief Nurses office to agree a dedicated pathway for community nurses
2	Recruitment campaign	Increase frequency of adverts for vacancies		Band 5 and 6 adverts to be published on a rolling basis (every four weeks)	Matron for standards and practice	Ongoing		All actions in place
				Rolling adverts for senior vacancies (if position not recruited to, it must go back out to advert within 24 hours.)				
				Assessment centre for new recruits to take place every 5 weeks				
				Develop an advertising campaign for vacancies which will include banners, posters, a website and other promotional materials				
				Trust band 3 interviews to attend whenever in place				
		Increase awareness amongst student nurses	The majority of students nurses are not aware that they can commence their career in the community	Collaborate with university lecturers and the trust education team to help generate student interest in the field	HoN	Jan-15		3 talks provided on undergraduate courses
				Establish the 'flip' program	PD Lead	Oct-15		Posts advertised
				Ensure positive placements for students in community - check feedback	Matron for standards and practice	Nov-15		
		Develop new attractive roles		Rotation posts between acute and community and a specific community one	Matron for standards and practice			In progress
				Rebrand and promote inpatient areas	Dep HoN	Dec-15		Pulross completed MKH working up a training model to support staff to care for more complex patients
				Review of job descriptions and roles to be more engaging	Matron for standards and practice	completed		
3	Promote Flexible working	Increase opportunities for flexible working across the directorate	Set up own flexible pool	Establish and recruit to posts	HoN	Apr-17		All DN teams offer a certain number of flexible working opportunities Staff bank posts for totally flexible working being explored. Working closely in partnership with acute medicine posts currently out to advert

Adult Community Nursing Recruitment & Retention Plan									
Updated 16 December 2016									
No	Issues	Strategy	Description	Actions	Lead	Timescale	Progress	Comments	December
1	The need to establish causes of poor retention	Staff engagement	The DN workforce is an ageing and staff turnover is high, we need to examine why the staff are leaving and implement strategies to improve retention rates	Ensure exit interviews are performed on all staff	Nurse Manager	Ongoing			Exit interview process established however not all staff take up the offer. Valuable intelligence has been obtained from the interviews undertaken to date enable us to support our staff better in the future. To review current process and identify the i
				Cultural barometer survey to be circulated to staff as a baseline assessment	Head of Nursing	completed			
				Staff focus groups - at Lister	Matron for standards and practice	completed at Lister		action plan in place	
2	Improve support to managers	Provide support at a difficult time		Meeting with all managers to discuss objectives and that all are working towards encouragement and nurturing of all staff.	Nurse Managers	end of March			This is in progress. We have employee of the month awards, complimentary lunch has been provided for teams under severe pressure. This has helped to ease the situation. We have been promoting a culture of positive feedback for stff. We will continu
				Support the rotation staff which may encourage them to return at end of rotation	PD Matron	ongoing		Good feedback received	
				Positive feedback to all staff to make them feel appreciated	Nurse Manager	ongoing			
				Support and nurture the new recruits to ensure they are welcomed and want to stay	Matron for Standards and Practice	ongoing		Good feedback received	
				Ensure visual presence from all managers esp at team breifings	HoN's / Dep Hons	ongoing			
3	Access to Education	Provide excellent professional development to all nurses		Fast track for promotion	Dep HoN	ongoing			Wide access to education in the teams however due to continued capacity challenges within the service some training opportunities has had to be cancelled/postponed as a result. Delays in access to transition programme have been addressed. Vacancie
				Professional update program for staff who have been in the service for some time	PDN's Nurse Managers	ongoing		Good feedback received	
4	Address transport issues	Make moving around easier			Dir Ops				We have engaged the transport team to help us to move forward on this.
				Continue to provide driving lessons					
				Congestion charge arrangements agreed	GM	completed			
				Lease cars arrangement clear	GM	completed			
				Improve access to pool cars at Mawbey	GM	completed			
				Explore parking permits for at home staff to park outside Walworth Road	GM	in progress			
5	Improve staff safety	Reassure staff and reinforce strategy for lone working	Trust and local events, staff focus groups took place	Conference in September and ongoing work	GM	First event happened and 50 people attended			Zero tolerance approach to sky guard usage was launched and being implemented. This will address a number of staff who were non compliant.
6	Reward Package for community nursing			Explore reward plan	HoN	Feb-17			Working with the Reward Team to promote offers at GSTT to attract staff working with the Chief Nurse office to gather intelligence on recruitment strategies across the country for community nursing
7	Learn from others	Provide intelligence on R&R in other parts of London	In discussion with Shelford over safe staffing for DN's	Make the link	HoN	Feb-17			All DN teams offer a certain number of flexible working oportunities. Staff bank posts for totally flexible working being explored.working closely in partnership with acute medicine currently out to advert
8	Promote Flexible working	Increase oportunities for flexible working across the directorate	Set up own flexible pool	Establish and recruit to posts	HoN	Jan-17			
9	Improve access to Ipads	Step towards mobile working		Identify DN's in first roll out	GM	Dec-16			

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Board of Directors **Adult Local Services Committee**

Minutes of the meeting held on 23rd November 2016
In the Emily McManus Lounge, Guy's Hospital

Present	Girda Niles	Non Executive Director (Chair)
	Sir Hugh Taylor	Trust Chairman
	Simon Steddon	Chief Operating Officer
	Felicity Harvey	Non Executive Director
	Ann MacIntyre	Director of Workforce
Attendance	Angela Dawe	Director Operations and Strategic Development - Adult Local Services
	Jane Stopher	Deputy Director, Adult Local Services Clinical
	Sandra Noonan	Director of Therapies
	Ray Franklin	Director of Health Informatics
	Nicola Jones	ALS Programme Manager
	Emma Saunders	Strategy Team - Senior Strategy Manager
	Sue Bowler	Head of Integrated Care KCH
	Lottie Hutchinson	Graduate Trainee
	Kemi Lawal	Business Coordinator - Note taker
Apologies/Absent	Amanda Pritchard	Chief Executive
	Dame Eileen Sills	Chief Nurse
	Dr Ian Abbs	Medical Director
	Anita Knowles	Director of Communications
	Rebekah Schiff	Consultant Geriatrician, Service lead Ageing and Health
	Martin Shaw	Director of Finance
	Jenny Stiles	Public Governor
	Stephen Thomas	Clinical Director, Medical Specialties

1. Welcome and Apologies:

- 1.1 The Chair, Girda Niles, welcomed everyone and Felicity Harvey, new Non Executive Director who was attending her first meeting.

2. Minutes of Previous meeting held on 21st September 2016 and Matters arising.

- 2.1 The minutes of last the meeting were approved as a true record

2.2 Matters Arising

- 2.3 Following discussion at the last meeting patient voice information will be included in the IQPR which will be presented at the February 2017 meeting.
- 2.4 Carenotes - The Corporate Management Committee discussed Carenotes at their last meeting and a formal review after 6th January 2017 was requested. Sir Hugh Taylor, Angela Dawe and Chris Davies also met with Advanced Chief Executive to highlight the poor service GSTT received.

3.0 Measuring the financial benefits of the strength and balance falls prevention services

Ray Franklin and Nicola Jones presented a methodology for tracking the cost benefit of the falls prevention programme over time. It is proposed that the methodology once approved could be used to track other services as a system wide tracker to be supported by the CSU and CCGs.

The slides highlighted:

- The expected financial benefits to the whole system
- A projection of falls-related activity based on an increasing population and cost with no intervention
- The impact on current falls activity in A&E and admissions by hip related and non- hip related pathology

FH advised that using robust Public Health data might show more cost benefits due to an increasing elderly population.

Action: ALS Team to check work already done by Public Health around cost benefits.

Negotiations are ongoing with Commissioners and it is hoped that this work will result in sustained investment in the falls service.

Patient experience and outcomes are also being reviewed and will be reported through the IQPR.

Angela Dawe has forwarded the information shared by Jenny Stiles with regards to using Waterloo Action Centre for community activities to the team. This will feed into the graduate programme.

The Committee thanked Ray Franklin for attending the committee at very short notice.

4.0 Adult Local Services: Programme Director's report:

4.1 Emerging Priorities for the 2017/18 Adult Local Services Programme

Angela Dawe presented emerging priorities for 2017/18 which include: alignment to Sustainability and Transformation Plan; commissioning intentions; Lambeth and Southwark Strategic Partnership priorities; Health and Social Care integration; Local Care Networks and Care Coordination; testing innovative Buurtzorg model; Fit for the Future priorities - Long Term Conditions and Transfers of Care and Digital

AD highlighted the following:

- The CCGs had agreed to continue funding the ALS programme;
- A business case on Lambeth Reablement Service will be presented to TME for sign off - this will enable quicker patient transfer.
- Lambeth's interest in alliance contracting to share incentives across different providers
- Using estates more effectively/beneficial way.
- Long Term Conditions – holistic approach to multi morbidity. It was suggested that the Charity might also be focusing on multiple morbidity this year.

The March 2017 meeting would review and sign off the final priorities for the programme.

4.2. Programme Director's Delivery report

Angela Dawe's programme Director's Delivery Report was noted for information.

5.0 A.O.B

There was no other business to discuss and the meeting was brought to a close.

Date of the next meeting:

8th February 2017, River Room, Gassiot House, 10.30 – 12.30 pm.

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Board of Directors Cancer Services Committee

**Minutes of the meeting held on Wednesday 28th September 2016
at 2.00pm in Burfoot Court Room, Guy's Hospital**

- Present:**
- Sir Hugh Taylor (Chair)
  - Dr Priya Singh – Non-Executive Director
  - Prof Reza Razavi - Non Executive Director
  - Ms Amanda Pritchard – Chief Executive
  - Dr Ian Abbs – Medical Director
  - Dr Simon Steddon - Acting Chief Operating Officer
  - Dr Sheila Shribman - on-Executive Director
  - Ms Hannah Coffey – Director of Improvement
  - Mrs Ann Macintyre – Director of Workforce
- Attendance:**
- Mr David Cheesman – Cancer Programme Director
  - Dr Maj Kazmi – Clinical Lead for Cancer
  - Mr Angus Norton –Cancer Programme Manger
  - Prof Peter Parker – Head of the Division of Cancer Studies, King's College London
  - Miss Mairead Griffin – Director of Nursing, Cancer
  - Ms Amelia Price – General Manager (Oncology and Haematology)
  - Dr Kate Haire – Programme lead for SEL Accountable Cancer Network
  - Ms Jackie Parrott – Director of Strategy
  - Prof Arnie Purushotham - Director of King's Health Partners Comprehensive Cancer Centre
  - Mr Jonathan Fairley - Patient Governor
  - Mr Daniel Shelke - Tata Memorial Hospital (shadowing David Cheesman)
  - Ms Anita Knowles – Director of Communications
  - Ms Gemma Peters, Director of Fundraising (for item 4)
- Apologies:**
- Mr Geoff Koffman – Chief of Surgery
  - Mr Keiron Boyle, Chief Executive, GSTT Charity
  - Mr Alastair Gourlay – Director of Asset Management

1. Welcome and introductions

The Chair welcomed members of the Committee and those in attendance.

2. Minutes of the previous meeting

The minutes of the meeting on 18 May 2016 were approved.

3. Matters arising not otherwise on the agenda

3.1 Guys Cancer Branding

The Cancer Programme Director informed the Committee that the new *Guy's Cancer* brand had been successfully launched following the opening of the new Cancer Centre. The brand is now included in all relevant corporate and patient correspondence as well as in prominent areas of the estate.

3.2 Haematology Institute Strategic Outline Case (SOC)

Although GSTT was generally appreciative of the case for change (described in the SOC), the current view is that the Institute was not an absolute priority for capital investment. As a result the KHP programme team is working up a second version of the SOC which will include:

- An updated commercial and financial case;
- An assessment of options for acceptable partnership models; and
- Greater definition of what potential new network models would look like

Action: The SOC will be discussed at TME on Thursday 6th October and the Cancer Programme Director will update the Board at the November Cancer Services Committee meeting.

4. Cancer Centre at Guy's opening – situation report

The Chair gave a *huge vote of thanks* on behalf of the Board for the successful opening of the new Cancer Centre at Guy's on 26th September. The Chair acknowledged that this had been a huge undertaking for the project team. He also thanked the Charity and KCL for their support and commitment to the new Centre. The Chair noted that the building *looks wonderful* and at its heart *shows a commitment to putting patients first*.

The Clinical lead for Cancer reported that 120 patients had been seen in the Cancer Centre on day one and 240 patients on day two. The integrated project team had worked really well together and there had been positive feedback from patients, their families and staff. The phlebotomists employed by Viapath have feedback that they feel a valued part of the Cancer Centre team.

Daily huddles were taking place supported by a gold and silver command structure – which ensured that decisions could be made and implemented quickly. The self check-in call forward system (SCICF) was an efficient but complex system and supported new ways of working - the Clinical Lead noted the excellent support from the IT floor walkers.

The Clinical lead for Cancer explained that, as part of the phased opening, chemotherapy and extracorporeal photopheresis (ECP) services would begin treating patients from 3rd October followed by the dermatology surgery & laser unit a week later.

The Director of Nursing for Cancer explained that a lot of time and effort had been invested in improving the environment for staff with larger, better equipped changing facilities and a new staff rest area. She reported that the volunteers had integrated well and reported that they felt part of the wider team. The Chair commented that the new uniforms looked great and that the daily bulletins were reassuring.

5. Fundraising

The Chair noted that it was a good time to review fundraising opportunities for cancer given the recent new opening of the new Centre and the enormous effort and focus that had gone into closing the current £8.5m the gap.

The Chair acknowledged that, over time, priorities were likely to shift but he emphasised that this should not undermine fundraising efforts for cancer. CRUK and Macmillan remained two of the UK's biggest charities and there was clearly a huge public appetite to raise money for cancer care and research. For these reasons, the Chair argued that GSTT should be even more ambitious in future when fundraising.

The Chair reminded the committee that GSTT remained highly dependent on the efforts of a relatively small fundraising team and the Trust needed to do more to increase the engagement of senior clinicians in fundraising, particularly through their links with private patients. At Great Ormond Street, 80% of fundraising referrals are generated from the clinicians themselves.

The Director of KHP Fundraising informed the Committee that the Board had been briefed about the importance of fundraising at their recent away day. She reported that The Christie successfully raised £14-15 million a year and had a 3.47 ratio of return on investment.

The Director of KHP Fundraising was confident that the £8.5m gap would be bridged by two large donors. She also explained that that £1.5m was raised from just 3,500 donors and a key lever remained the research potential from the new Centre.

The Director of the King's Health Partners Comprehensive Cancer Centre felt that his clinical colleagues needed to raise their game and could be more responsive to opportunities.

The Clinical lead for Cancer fully supported the ambition but stressed the importance of acknowledging the time commitment required and the need to address potential cultural problems clinicians might face when asked to engage their private patients.

The Director of Workforce agreed and asked for a clearer strategy for cancer fundraising so it could become a core issue for staff.

The Chair challenged the team to turn the aspiration into action. He acknowledged that GSTT needed to do more to provide an infrastructure for local fundraising. He proposed the establishment of a regular forum to set fundraising priorities with clinical community and recognition (from the Trust) of the time commitment this might entail.

Action: The Cancer Programme Director to pull together a small group to meet before Christmas to discuss how this is taken forward. It should include representation from the Charity.

6. Accountable clinical network (ACN) for SEL

The Programme lead for the SEL Accountable Cancer Network presented an update on the development of the south east London Cancer Accountable Cancer Network (ACN); the need for greater system leadership from GSTT and the wider systems architecture for cancer services across London.

The Programme lead explained that the development of the ACN and its clinical programme was being undertaken in stages due to capacity constraints. The programme focused on the following key themes:

- Generic tumour priorities including cancer waiting times
- Focus on three specific tumour groups – prostate, lower GI and lung
- Patient involvement
- Survivorship
- Systemic anticancer therapy (SACT) and acute oncology services (AOS)

The Cancer Programme Director noted that the key challenges were building pace and delivering robust operational performance.

The Head of Strategy asked how much learning there had been from the Vanguards and were there significant differences in strategic approach. The Programme lead replied that there were both advantages and disadvantages in being a vanguard and she believed the Guy's Cancer and Partners network arguably had more freedom to tackle the needs of the local population.

The non-executive director with a lead for Evelina was impressed with the plans but wanted greater granularity about the *'top five things that would make a difference.'*

The Chief Executive noted that the current governance structure risked diluting the effort to improve waiting times (by seemingly keeping the ACN and CCG focus separate). She emphasised the need for the ACN to remain the vehicle to drive change when improving access.

The Medical Director proposed that the ACN team could do more to raise its profile as part of the new STP process.

The Director of Improvement commented that while pace is increasing it was important to build on the enthusiasm for *Team Cancer* that was generated at last year's away day. She added that it was also important to be clear about the risks that would arise from the reallocation policy and continue to invest in its MDT processes and the cancer data team.

Action: The Programme lead would provide a further report in November.

7. Surgical oncology strategy

The Cancer Programme Director presented the paper on behalf of the Chief of Surgery and acknowledged that there had not been considerable progress since the last meeting.

7.1 Plans for establishing a pelvic surgical oncology centre

The Committee supported the recommendation that GSTT should relaunch the existing pelvic surgery centre as a regional surgical centre, based across two sites

The Director of KHP Comprehensive Cancer Centre questioned whether the two model approach was radical enough and asked if GSTT push harder to consolidate the pelvic service. The Acting Chief Officer explained that the colorectal surgeons have not been persuaded of the case for change. The Committee agreed that the Trust should focus on the two site model before considering further consolidation.

7.2 Consolidation of thyroid surgery and the development of a wider strategy for endocrine surgery.

The Cancer Programme Director shared the good news that the additional theatres were now available to enable the consolidation thyroid surgery on the Guy's site.

The Cancer Programme Director further explained that the reconfiguration of thyroid surgery had exposed weaknesses in the Trust's wider endocrine surgical service. In addition to thyroid surgery, the endocrine service included parathyroid, adrenal and pheochromocytoma and the GSTT service was supported by a single handed surgeon. KCH undertakes similar procedures at Denmark Hill.

Given that this was a SEL (rather than specifically a GSTT) issue there was support for including KCH provision in any future assessment and managing through process through the accountable cancer network.

Action: The Cancer Programme Director to produce a top trump assessment for endocrine surgery that covers provision across KCH as well as GSTT.

8. Research & Development Report

8.1 CRUK centre & ECMC renewal

The Head of the Division of Cancer Studies confirmed that following the submission of bids to CRUK for cancer centre status and ECMC renewal, final interviews would be held on October 18th. He explained that key components of the bid were the establishment of a:

- Centre for Inflammation Biology and Cancer Immunology
- Experimental Oncology Institute
- Cancer Biotherapeutics Unit

The Director of King's Health Partners Comprehensive Cancer Centre thanked the Head of the Division of Cancer Studies and Dr James Spicer for their efforts leading the two bids.

8.2 Innovation Hub in the new Cancer Centre

The Head of the Division of Cancer Studies informed the Committee that the opening of the Cancer Centre's innovation hub had been delayed until December because of a number of late alterations to the floor. He also reported that the recruitment process for the Experimental Oncology Institute Director was continuing and a search committee had been convened.

8.3 Supporting clinical academics – actions from July workshop

The Head of the Division of Cancer Studies shared the following key actions from the July workshop:

- Establish a process for increasing dedicated research time with support from the GSTT Charity;

- Produce a research roadmap for doctors undertaking research for the first time; and
- Establish new research sessions in the Cancer Centre.

A key challenge was how to pump prime researchers but to ensure that they were able to move to a self-funding state longer term.

Action: The Committee was supportive a new cancer research day and asked the Clinical Lead to work up the plan in more detail.

8.4 Biobanking (and associated pathology)

The Head of the Division of Cancer Studies emphasised how essential it was to establish a solid foundation for biobanking. The service was currently funded primarily by soft monies and short term grants. It was noted that the biobanking service was also an important foundation for the 100k legacy. There are ongoing conversations looking at how to make this happen.

The non-executive director (with responsibility for Evelina London) reminded the Committee about the importance of paediatrics and challenged both KCL and GSTT how it would position itself as a leading academic research centre for paediatric oncology.

9. 2016 National Cancer Patient Experience Survey (NCPES)

The Director of Nursing for Cancer presented the results of the recently published NCPES survey in July 2016. She reported that although GSTT had performed well (improving from 129th nationally to 52nd and second overall in London behind the RMUH) some of its services had scored below the national average.

All Directorate management teams have been asked to develop their tumour specific improvement plans, which would feature in an overall Trust plan. The plan would be monitored by the Oncology and Haematology directorate at the quarterly executive performance review meetings.

The Director of Improvement noted that some of the patient responses related to care provided in primary and not secondary care. Areas which needed improvement such as pain control and information about benefits would need to be tackled at a system level. The Director of Nursing, Cancer informed the Committee that some of these issues would be addressed via the Pan London Cancer Nursing Group.

10. Integrated Quality & Performance Report

The Clinical lead for Cancer presented the quarterly report and noted that the two London Vanguards had begun aggregating their data across their respective health systems, rather than at a provider level. As a result GSTT had moved from being one of the largest single Cancer Centres in London to the system leader of the smallest network (in SEL). The Clinical lead proposed further exploration of links with the Kent cancer system to restore relative critical mass.

There was a broad discussion around cancer informatics and GSTT's ability to capture data in real time so that it could better comply with national cancer outcome services datasets (COSD). The Clinical lead explained that the current CIS system could be more user friendly; better able to capture data at the MDM itself (rather than subsequently) and better able to support new changes to COSD requirements.

The consensus was that while GSTT needed to continue to develop CIS (as the core system for cancer data) an additional 'front end' system (supported externally rather than in house) could help improve cancer informatics compliance and reporting.

Action: The Cancer Programme Director would commission a summary review of the Trust's cancer informatics infrastructure and consider how improvements could be made.

11 Any other business: Management of oncology patients at night

The Chair reported that he had recently visited the wards at Guys with the Chief Executive. He noted that the Guy's site was very busy at night with many oncology patients being cared for on non specialist wards. The Chief Executive had witnessed a large number of oncology patients being clerked late into the evening and asked the team to analyse bed utilisation to see if there was an imbalance between demand and capacity. The Medical Director also suggested that the Trust analyse the source of admissions.

Action: The cancer team would review oncology bed utilisation and better understand the relationship between demand and capacity

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Board of Directors Cancer Services Committee

**Minutes of the meeting held on Wednesday 16th November 2016
at 2.00pm in Burfoot Court Room, Guy's Hospital**

Present: Sir Hugh Taylor (Chair)
Ms Amanda Pritchard – Chief Executive
Dr Ian Abbs – Medical Director
Ms Emma Duncan – Non Executive Director
Dr Felicity Harvey – Non Executive Director
Mrs Ann Macintyre – Director of Workforce
Dr Simon Steddon – Acting Chief Operating Officer
Dr Sheila Shribman – Non Executive Director

Attendance: Mr David Cheesman – Programme Director, Guy's Cancer
Ms Gail Beer – Interim Director of Operations
Mr Jonathan Fairley - Patient Governor
Mr Geoff Koffman – Chief of Surgery
Ms Julie Gifford – Deputy Director, Strategy
Mr Nick Gitsham – Cancer Programme Manager
Dr Kate Haire – Clinical Director, Guy's Cancer & Partners
Ms Dawn Harper – Head of Nursing
Prof Claire Harrison – Clinical Director for Haematology
Dr Maj Kazmi – Medical Director, Guy's Cancer
Prof Peter Parker – Head of the Division of Cancer Studies, King's College London
Ms Amelia Price – General Manager (Oncology and Haematology)
Prof Arnie Purushotham – Director of King's Health Partners Comprehensive Cancer Centre
Ms Justine States – Project Manager, Guy's Cancer

Apologies: Dr Priya Singh – Non Executive Director
Prof Reza Razavi – Non Executive Director
Mr Keiron Boyle – Chief Executive, GSTT Charity
Ms Hannah Coffey – Director of Improvement
Mrs Mairead Griffin – Director of Nursing, Guy's Cancer
Ms Jackie Parrott – Director of Strategy
Ms Anita Knowles – Director of Communications
Mr Alastair Gourlay – Director of Asset Management

1. Welcome and introductions

The Chair welcomed members of the Committee and those in attendance.

2. Minutes of the previous meeting

The minutes of the meeting on 28 September 2016 were approved, noting that the action in section 8.3 should read 'The Committee was supportive of a new cancer research day...'.
of

3. Matters arising not otherwise on the agenda

3.1 Fundraising

The Cancer Programme Director informed the Committee that fundraising efforts for the outstanding balance on the Cancer Centre at Guy's were continuing. In addition discussions continued with the Guy's and St. Thomas' Charity regarding wider fundraising plans for Guy's Cancer.

3.2 Management of oncology patients at night

The Cancer Programme Director reported that the bed occupancy data (for the previous six months) indicated that bed capacity (for oncology) was tight but ultimately sufficient. He explained that peaks in demand would at times outstrip capacity and the directorate was working with the fit for the future team to introduce systems that reduced length of stay and minimised outliers.

4. Accountable cancer network (ACN) for south east London (SEL)

The Clinical Director for Guy's Cancer & Partners summarised the key points from the paper circulated. Clinical pathway groups had been established in lung, urology and lower gastrointestinal (LGI) to reduce delays, improve outcomes and enhance patient experience. She explained that in addition to the tumour group specific work, generic priorities for all tumour groups had been developed, such as the introduction of standardised protocols for imaging and pathology. This was particularly important because the timeliness of the diagnostic pathways remained a challenge although a successful bid (totalling £0.65m across a range of areas) had been submitted to the national diagnostic capacity fund. The Committee was also informed that the Head of Planning and Performance had developed a dashboard for SEL which enabled the three partners to manage performance across the network.

The non-executive director with a lead for children (SS) said the paper was very helpful but asked why clinical engagement for lung remained an issue - the tumour group lead role remained vacant. The Clinical Director for Guy's Cancer & Partners explained that demanding job plans and busy clinical commitments needed to be addressed to release clinical leadership capacity. The Committee also heard that there was occasional scepticism with the ability of the network to influence change. The Chief of Surgery reported that he had asked members of the thoracic team (to lead the lung work) but their busy job plans (covering most of southern England) meant that they worried about their ability to commit the necessary time required of the role. He explained that was important that staff understood the value of the tumour group lead role and that more needed to be done to offer support to encourage leadership. The Director of Workforce suggested that a formalised job description for the role of tumour group lead should be created to set expectations and this was endorsed by the Chair.

The Chief of Surgery noted that cancer services are distributed across several directorates and there was not always the feeling of being part of one cancer service. The Clinical Lead for Cancer said that if we are to be a system leader then our tumour leads need to lead the system. The Chair noted that the people suffering are patients who at times had to wait too

long to be treated. He advised the Guy's Cancer team continue to identify talent and announce a call to action on clinical engagement.

The Director of Workforce suggested that the Trust Board should consider the question of what motivates clinical leaders and are we happy to differentiate leadership roles?

The Chair reaffirmed the need to clarify expectations of the role, allow adequate time to find talent and incentivise active participation and leadership.

Action: Clinical Director for Guy's Cancer & Partners to develop a job description for tumour group leads and work with colleagues and ACN partners to promote the importance of the role.

5. Performance on cancer waits and NHS Improvement's Deep Dive

The Programme Director, Guy's Cancer had previously circulated NHS Improvement's report following their 'deep dive' in October. The review team had observed good governance of cancer waits in the Trust and noted that the 'biggest driver of [GSTT's] cancer performance' remained late referrals after day 38 in the pathway. The review noted that reducing waiting times for patients remained the ACN's top priority. The key themes identified in the review were information, capacity and performance management of the cancer data team.

The Interim Director of Operations reported that focused work is underway with each directorate to better address skills gaps and overall capacity constraints. An improvement plan had been agreed with the cancer data team and the Programme Director chaired a weekly review meeting. A consolidated action plan will be developed in conjunction with the ACN.

The Chair welcomed the progress that had been made and emphasised the importance of addressing cancer waits if Guy's Cancer was to achieve its objective of establishing a world class comprehensive cancer centre.

Action: The Guy's Cancer leadership team would provide a progress report as part of the IQPR at the February meeting.

6. Research and development report

The Head of the Division of Cancer Studies advised the Board that the Cancer Centre's Innovation Hub was due for completion on 16th December 2016 allowing part of the research team to move in before Christmas and final moves to be complete in January 2017.

In the meantime, the breast, head and neck and prostate teams have established effective systems for adding samples to the biobank. The colorectal, ovarian and lung teams had begun collecting samples for Genomics England but were currently unable to contribute to the biobank due to capacity restrictions. In addition to pressures on the biobank the Head of the Division of Cancer Studies explained that there was also a need to further develop molecular diagnostic services and build this into existing cancer pathways to improve clinical outcomes

He explained that the comprehensive cancer centre (CCC) was working hard to develop partnerships with industry to help deliver research objectives. This was challenging because there was currently no commercial lead for the CCC but the Head of the Division of Cancer Studies hoped to appoint imminently. He was also developing an exchange programme with a global pharmaceuticals company and this would help define costs and benefits of other partnerships.

The Director of King's Health Partners Comprehensive Cancer Centre argued that the CCC needed to regularly biobank tumour and blood samples to support effective clinical management, not just for research purposes, and concerted effort was needed across KCL and GSTT to help deliver a sustainable biobank.

The Clinical Director for Haematology explained that the 100k Genomes project was fostering greater collaboration across cancer pathways. She explained that it was logistically difficult to biobank from the St. Thomas' site. She also cautioned that it would be unnecessarily expensive to bank samples from every patient and a more focused approach was required.

The Chief of Surgery asked what the key outcomes or benefits were from the breast biobank. The Head of the Division of Cancer Studies said that the biobank was vital in the METABRIC study (undertaken in conjunction with Vancouver and Cambridge) which identified 10 different subtypes of breast cancer.

The Chair was supportive of more industry partnerships and stated that the Committee should consider future options for developing the biobank.

7. Surgical oncology strategy

The Chief of Surgery reported that there was good progress on the development of the Guy's Cancer Pelvic Surgery service which has been supported by commissioners. Although the service is currently based across two sites (urology at Guy's and colorectal and gynaecological at St. Thomas') it may be located on one site in the future. The different specialties that contribute to the service have agreed a standard operational policy (SOP) and a joint quarterly audit programme with the first joint audit day planned for July 2017. The Chief of Surgery explained that the new service dovetails well with the benign pelvic floor centre for incontinence.

The Chief of Surgery explained that although thyroid surgery will take place on one site (Guy's) in the New Year, further work was required to develop a plan for endocrine surgery which was still delivered by a single surgeon. The Committee agreed that Trusts should not have services based around a single handed consultant and asked the team to continue to work up a plan to establish a more sustainable service across SEL.

Action: The Programme Director would work with the surgical team to complete the top trump analysis for endocrine surgery that would help inform recommendations about future surgical configuration that were both sustainable and aligned to Trust strategy.

8. Haematology Institute

The Programme Director updated the Board on the strategic outline case (SOC) for the KHP Haematology Institute. A number of working groups have been established and there is good input and leadership from Guy's and St. Thomas' clinicians.

The stated preferred site option remains Denmark Hill and the Programme Director emphasised the need to understand the benefits of consolidation (in terms of clinical, academic and research outcomes) as well as the local impact on Guy's and St. Thomas' services. The value of the GSTT work that would potentially transfer to the institute is £58m and more work is required to fully understand the future options including any risk sharing arrangement.

The £200m capital programme assumes funding of £50 from philanthropy and £50m from fundraising. There are questions about the achievability of this, in light of the fact that Cancer Centre fundraising has not met its own target of £15m.

The Director of Workforce commented that progress is dependent on effective relationships between the partners. She advised the programme team that they needed to be mindful of the skillset required to be an effective member of the Institute's programme board.

The Chief Executive believed the view that the right questions had been identified and asked for assurances that clinicians involved in developing the SOC were representative of the different clinical groups across KHP.

The non executive director (FH) noted that given the scale of major business cases in development there needed to be consistent governance arrangements across haematology, cardiovascular and Evelina.

The Medical Director asked if the emerging clinical model was conceptually correct and future proofed. He advised that the programme team should avoid duplication of effort and technology, e.g. in cellular and regenerative medicine.

A discussion followed regarding the best location for the new Institute with a number of members arguing that the new facility could be more closely aligned with the Cancer Centre at Guy's. Some members expressed concern about the sustainability of both the new Cancer Centre and the Haematology Institute should they be developed on different sites.

The Director of King's Health Partners Comprehensive Cancer Centre asked how the research and development collaboration is taking shape. The Head of the Division of Cancer Studies reported that there is engagement and a working party has been established. He advised, however, that closer interaction between the different departments should not depend of the construction of new building. The Head of the Division of Cancer Studies emphasised the importance of closer integration of cancer research activities across KHP.

The Chair noted that the case was still at an early stage and a decision still remained about whether there was a strong enough case to proceed to outline business case. The Chair stated that the paper had described some useful guiding principles to underpin the work going forward: we need to back our clinicians', take into account the wider needs of other teams and services and ask 'where does this leave cancer?'.

Action: The Programme Director would work with KHP team to answer the key outstanding questions raised in the paper and by committee members. A further report would be presented at the February meeting.

9. Cancer Centre at Guy's opening – situation report

The Clinical Lead for Cancer presented an update on the Cancer Centre at Guy's. He explained that the Project had been delivered on time and within budget and was the culmination of a phenomenal amount of work by staff from the directorates, cancer programme and Essentia. The phased opening of services was continuing and when the HCA unit opened in late April a thousand people a day would be attending the Centre.

The Clinical Lead for Cancer explained that there had been delays in the implementation of Windows 10 devices which were needed to support new ways of working (such as hub and spoke clinics) that in turn supported the transfer of additional clinics into the Cancer Centre. The Head of Nursing reported that staff were getting used to new ways of working in the building and remained very positive – the daily huddles were a particularly effective way of dealing with operational challenges.

The Director of Workforce (who also chaired the Programme Board) emphasised the need to close the project down as smoothly as possible and conduct an evaluation so that lessons learnt can be shared.

The Chair congratulated the team on what had been a fantastic achievement and urged them to keep going through the final commissioning phases.

10. Cancer informatics proposal

The Programme Lead for SEL Accountable Cancer Network presented her report and explained that high quality clinical data remained essential (to support clinical decision making) and that the Trust was required to comply with a nationally mandated cancer dataset (COSD¹). Her paper recommended that the Mosaïq system is assessed to establish if it could sustainably support the growing number of COSD requirements. The Programme Lead explained that there were alternative IT systems that could complement Mosaïq's clinical applications but were better at supporting changes to the data set.

The non executive director (FH) noted that there was a reputational risk associated with continuing to produce poor quality data.

The Committee asked the Programme Lead to develop the options appraisal and consider the option that would best resolve the problem. The Chief Executive asked for assurance that appraisal process be coordinated and monitored by the cancer informatics group.

The Chair stated that this is an important issue and that measures need to be taken to improve the position.

Action: The Programme Lead for SEL Accountable Cancer Network will begin the review of the Mosaïq system and develop an options appraisal. The process would be coordinated by the cancer informatics group and progress reported to the Board Committee.

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¹ Clinical Outcomes and Services Dataset

Board of Directors Children's Services Committee

Minutes of the meeting held on Wednesday 9th November 2016

- Present** Dr Sheila Shribman, Non-Executive Director (Chair)
Dr Priya Singh, Non-Executive Director
Mr Martin Shaw, Director of Finance
- Attending** Ms Marian Ridley, Director, Evelina London
Dr Sara Hanna, Medical Director, Evelina London
Ms Janet Powell, Director of Nursing, Evelina London
Ms Miranda Jenkins, Head of Strategic Development, Evelina London
Dr Marilyn McDougall, Clinical Director, Surgery and PICU, Evelina London
Dr Grenville Fox, Clinical Director, Medicine and Neonatology, Evelina London
Dr Bidisha Lahoti, Clinical Director, Children's Community Services, Evelina London
Professor David Edwards, Director, Centre for the Developing Brain, Professor of Paediatrics and Neonatal Medicine
Dr Owen Miller, Director Specialist Networks, Evelina London Ms Anita Knowles, Director of Communications
Mr Alastair Gourlay, Group Director, Essentia
Mr Simon Blazer, Head of Finance, Women's and Children's Services
Dr Tony Hulse, Council of Governors, Staff Member
Ms Devon Allison, Council of Governors, Patient Member
- In attendance for item 8:**
Judith Connolly, Deputy General Manager, Medicine and Neonatology, Evelina London
- In attendance for item 9:**
Kathrin Ostermann, Director of Supporter Development, King's Health Partners
- 1. Apologies** Sir Hugh Taylor, Trust Chairman
Ms Amanda Pritchard, Chief Executive
Dr Simon Steddon, Acting Chief Operating Officer
Dr Ian Abbs, Medical Director
Mr Sean McCloy, Head of Trust Performance

2. Minutes of the last meeting

These were confirmed as an accurate record.

3. Matters arising

Specialist Network Map: The Chair confirmed that she had received a copy of the map.

Quality and Performance

4. September 2016 IQPR

The Medical Director Evelina London outlined the main issues on the safety and quality report. She provided more information on an event which had been treated as a 'never event' although it was not strictly within the definition. Lessons learnt from this had been shared with the Trust. The level of pressure felt by an individual member of staff named in such an incident was noted.

The Medical Director Evelina London also informed the committee of an initiative being implemented on Mountain Ward by the Conflict Resolution Team. A further report would be provided in 6 months reviewing the efficacy of the intervention.

Increased compliance with new born blood spot screening had been achieved following action by the Head of Nursing for Children's Medicine and Neonatology.

The staff family and friends test had shown an improvement from Community staff but a reduction from the Medicine Directorate. The issues thought to be affecting the latter were being addressed. The Director of Nursing Evelina London reported on a change in provider of the Family and Friends test which was about to take place. Work would continue to be undertaken to improve the speed of community responses.

The committee was informed that indications from the local authority in Lambeth were that the health visitor budget would not be cut in 2017/18 but that future years were less certain. Southwark Council had also indicated that the budget would not be cut in 2017/18. It was noted that although the budget was not being cut, inflation would not be funded and that would add further pressure on existing resources. More engagement was needed with GPs in the locality networks to ensure they were aware of the cuts in health visitors and the implications on safeguarding input.

The Director Evelina London reported that due to a surge in referrals and some consultant shortages, the 18 week performance had shown a decline. An action plan had been produced for each specialty affected. Outpatient activity remained below the ambitious plan although it was still significantly above the level of the previous year. The committee discussed the level of appropriateness of referrals and options for giving GPs education and advice to improve appropriateness. Support was also required to give clinicians permission to reject inappropriate referrals. The Evelina London leadership team had explored with the commissioners whether there were any valid reasons for the increase in referrals from NE London. As no specific reason had been given referrals from primary care to orthopaedics and ENT from NE London would be sent back with appropriate guidance. The Director Specialist Networks, Evelina London commented that one of the aims of the Specialist Networks team was to develop support for secondary care colleagues to enable them to maximise local care and reduce referrals to the centre where appropriate.

5. Month 6 Finance Report

The Head of Finance, Women's and Children's Services explained that the information in the pack was from the month 6 Financial report which showed a £233,000 deficit in the month and a forecast deficit of £1.2m for the year end. The underlying position was improving with a considerable improvement shown in the month 7 income data although this was as yet not validated. In response to a question regarding bad debt the Head of Finance reported on actions being taken to recover debt from other providers and private patients.

A significant improvement in the Surgical Directorate position was occurring now that the procedure room was operational; activity had been delayed with the delays to the procedure room construction.

6. Planning for 2017/18

The Director Evelina London requested the committee to consider the first two pages of the tabled presentation, setting out the priorities for 2017/18, and asking whether the correct items were included.

The Medical Director Evelina London outlined the current position with congenital cardiac services in England and informed the committee that Evelina London was working with Great Ormond Street (GOSH) and Southampton hospitals to develop plans for sustainable networks owned by a lead centre. Both GOSH and Evelina London had expressed commitment to support the Royal Brompton Hospital throughout the process of change. The Chair remarked on the need to be prepared for the academic implications of the change. The Professor of Paediatrics and Neonatal Medicine indicated that there were potentially exciting academic opportunities linked to paediatric respiratory medicine. The Trust Director of Finance stated that the trust needed to develop clinical links to ensure that services were ready to transfer as and when the capacity came on line.

The Non-Executive Director enquired how much was known about which specialties were making the most positive returns in terms of key strategic areas – finance, private patients, research, etc. – and how the different services focused their strategic priorities. It was noted that Evelina London was aiming to be a comprehensive children's hospital which meant all services were important but that different ambitions applied to different services and their stage of development. It was agreed that the strategic intent needed to be clear and to include research and private patients as well as clinical services. The current lack of capacity for private patients was mentioned and also ideas to investigate supporting private patient work with network partners.

Priorities for quality and performance were noted to be outcome measures for all specialties. The governance structure for all children including those not managed within Evelina London services would continue to develop in the 2017/18 period.

The Director Evelina London reinforced the message that there would be a severe challenge for activity/business planning in 2017/18 given the delay to the 1+ scheme beds; now likely to be delayed to spring 2018. Outpatients would be an issue in the first 6 months and beds and theatres throughout improvement work would continue including the Lean and Fit for the Future initiatives.

A 10% financial target for 2017/18 had been mooted in Trust business planning discussions and was illustrated on a diagram circulated in the pack. The Director Evelina London highlighted the challenge of such a savings target against a largely staffing budget and with constraints on activity and therefore income, despite increased demand. Activity and capacity planning would be key and the Director outlined the timetable for this work, in the context of the complete Trust business planning process.

Strategic Development

7. Evelina Capital Programme Update

The Head of Strategic Development, Evelina London reported that the official opening of the expanded Neonatal Unit had taken place the previous day. The Long Term Ventilation unit was now open and full funding being sought for the second phase (comprising sleep and neuro-rehabilitation beds).

The procedure room had opened at the end of October and 24 patients had been treated in the first week.

Essentia were leading discussions with the contractor on the remaining 1+ contract. The completion of the stage 4 design work and guaranteed maximum price had been delayed. A comprehensive report on the options and direction would be taken to the Trust's Investment Portfolio Board the following week.

The move of the offices to Becket House had now been completed and the team, including Judith Connolly, Val Seago and colleagues in Essentia were thanked for a very successful move.

Work was continuing on the development of a Full Business Case for the Clinical Research Facility and a 'Zip Wire' event had been arranged with the London Fire Brigade for 2nd December 2016 with the aim of raising £1 million.

The Evelina 2 scheme was also progressing. An interim programme director was in post and the architects were working on translating the vision from the clinical services into an estate solution. It was noted that further work was also required on identifying the sources of funding.

8. Evelina SBU Establishment

The Evelina Director tabled a paper regarding the detailed design and implementation next steps for the establishment of Evelina London as a strategic business unit. She informed the committee that Judith Connolly had been seconded to work on the project for 2 days a week for 3 months.

The Chair suggested that the 'design principles' should explicitly state that the model would provide an overall net benefit to children. It was also noted that proposals should take account of research, academic partnerships and how the structure would also be an academic organisation. The Non-Executive Director emphasised the discipline of having a business unit and that it must provide a return in its own right. It was also important to be clear on the function of different committees within the overall structure to avoid duplication but ensure there were no gaps.

The paper gave details of the design features as presented at the Board Away Day and the proposed next phase activities. The Board were asked to consider what they thought to be the most important areas and where activity needed to be concentrated. The Medical Director Evelina London pointed out that the model also needed to be able to encompass relationships with other centres.

Action. Members to consider most important areas to concentrate on and feedback to the Evelina Director.

9. Evelina London Fundraising

The Director of Supporter Development gave a presentation on Fundraising, starting with an overview of the organisation and its history. She outlined the team and their responsibilities and shared some statistics on donor numbers and gifts. The return on investment had been benchmarked against other children's hospitals and was very high, although she stated that this was partly because the function was hosted by KCL. Evelina London regularly received a reliable stream of £1m in philanthropy every year. This had been supplemented in recent years with success in major gifts for the 1+ capital scheme.

The future direction of Fundraising was discussed, in particular the amount which could potentially be raised and the level of investment which would be required to achieve this. GGA consultancy had been engaged to produce a report which was expected in January 2017.

The committee discussed the level of clinical engagement which was needed for a major fundraising effort. It was noted that people were often passionate and willing to be involved but may need coaching.

It was agreed that Fundraising should be a future standing item for the committee.

10. Update on KHP Child Health & St Georges

The Medical Director Evelina London updated the committee on progress with the Evelina London – King's College Hospital child health strategy work and outlined discussions which had been held recently with St George's. With respect to St George's, early conversations indicated that the two organisations agreed on the vision of what was important for children and all services were being encouraged to think what this could mean in terms of future co-operation. It was noted that these discussions should consider the implications for networks. The academic strength of St George's in particular with regard to vaccine studies was noted.

The Director noted that discussions with King's and St George's needed to be connected and upcoming discussions with King's would be crucial in determining the next phase of direction.

11. Any other business

None raised.

12. Next meeting

The next meeting will be held on Wednesday 8th February 2017 from 4 to 6pm in the South Wing Committee Room at St. Thomas' Hospital.

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Guy's and St Thomas'
NHS Foundation Trust

**Board of Directors
Corporate Management Committee**

Part 1

**Minutes of the meeting held on Wednesday 14th December 2016
at 2:15pm in the South Wing Committee Room, St Thomas' Hospital.**

Present : Sir Hugh Taylor (Chair)

Dr I Abbs
Ms A Macintyre
Ms G Niles
Mr D Perry
Ms A Pritchard
Mr M Shaw
Dr S Shribman
Dame Eileen Sills
Dr P Singh
Dr S Steddon
Mr S Weiner

Attendance:

Mr P Allanson, Secretary
Ms V Cheston
Ms A Knowles
Mr A Gourlay
Mr S Sommerville
Mr J Duncan (Council of Governors representative)

Ms A Price and Ms H Dandy-Hughes for item CMC/16/29

Apologies

Ms H Coffey
Mr R Drummond
Ms E Harvey
Dr F Harvey
Sir Ron Kerr
Mr S McGuire
Prof R Razavi
Ms J Parrott

CMC/16/26 Minutes of the meeting held on 14th September 2016

The minutes of the meeting held on 14th September 2016 were approved as a true record.

CMC/16/27   Introduction

The Chairman thanked Dr Simon Steddon for his work as Acting Chief Operating Officer as he would be standing down as Jon Findlay took up post in the New Year. It had been a great benefit to the Trust to have had a senior clinician in such a key, operational role.

CMC/16/28   Matters Arising from the minutes of the meeting held on 14th September

There were no matters arising.

CMC/16/29   Education, Training and Development Strategy including short presentation on the apprenticeship levy

The Head of Education Programmes reported that the strategy had been discussed across the Trust and the new strategy would be increasingly reliant on staff resourcefulness as changes to education budgets had an impact. This would include increasing use of coaching and mentoring as well as involving patients and carers. Developing relationship with universities and other providers and using technology more effectively would be hallmarks of future provision.

In response to the changes to the apprenticeship levy, the Trust had ambitious plans to build on its success with a wide range of programmes aimed at a broad sweep of participants, building on its reputation as a local leader in providing apprenticeships for which it had won a number of awards. The programmes run by Essentia were closely matched with this in the rest of the Trust. It was hoped to have 300 apprentices by 2020. These could include people working towards degree level qualifications including in aspects of nursing.

The CMC was asked to support the plan to maximise the use of apprenticeships as career pathways including the development of new foundation programmes and higher apprenticeships, and to promote and send programmes to other providers.

The Committee welcomed the initiative especially as a way of meeting skills shortages at all levels. It would be important to change perceptions about apprentices showing that they covered all age ranges and disciplines. It was also suggested that these should be aligned with Fit for the Future initiatives and other mainstream programmes.

The Committee encouraged the use of alumni from programmes, especially using older workers, to find ways of passing on and sharing knowledge as part of the education strategy. This could also include volunteers and long service veterans.

The Committee welcomed and endorsed the strategy. KPIs should be development to support delivery; and progress against these and the overall strategy should be reviewed by the Committee on a regular basis

CMC/16/30   Board Assurance Framework

The Committee reviewed the risks ascribed to it in the Board Assurance Framework. It suggested that the IT risks should be split to identify the community programme separately in addition. Workforce risks should be reallocated to CMC during the coming year.

CMC/16/31   Essentia Quarterly Capital Programme update

The roll out of the FIT system to 1,000 users had gone well although there were too many failures of the roll out of apps in parallel. Supplier readiness for Windows 10 was being reviewed and the programme would resume in mid January. In future, IT matters would be reported separately and reviewed by the Digital Committee.

The Director of Asset Management said that a recommendation would be taken to the Investment Portfolio Board to replace the proposed contractor on the Evelina 1+ project following a loss of confidence as they had failed to provide information to contract.

Good progress continued with KCL on the Education and Training Centre on the St Thomas' site. The next meeting of the Committee was likely to be asked to consider a business case on bringing the block back into use. Money from the current borrowing bid had been earmarked for the project. This would match KCL's contribution though there would still be a gap that would have to be bridged.

The Committee noted the report.

CMC/16/32   Fit for the Future: Q3 2016/17 Update

The Chief Executive introduced an interim report prior to a fuller discussion during February's Board in Committee. This year had seen £14.8mn of savings delivered through core work streams.

The plan was to develop more transformational programmes based on transforming ways of working, improving patient administration and introducing team based service improvements.

The Transforming ways of working programme was focussed on reducing the Trust's property footprint through changes in the way of working. Greater efficiency in the use of space would reduce costs – for example by not replacing buildings once their leases expired. It would be important for senior staff to model the new behaviours and recognised that changes of behaviour and culture were involved in this work.

The aim of the programme relating to patient administration would be to change the way services were offered to patients to rectify the process burden for staff and to replacing physical encounters with digital sessions. Involving patients in these discussions was important and a workshop was due to take place on person centred design run by the firm that made the changes to the way the DVLA worked. Microsoft's health team was interested in collaborating with the Trust on this work.

The programme on team based service improvements would build on the learning from the visit to InterMountain and focus on clinical pathway redesign based on best practice. There was significant potential for reducing costs by reducing variation. Dr Richard Boehmer would be working with the Trust to undertake wide ranging reviews of pathways. The aim was to be ambitious. This would need in depth clinical analysis and rigorous project management and was likely to start in the early Spring.

The Committee endorsed the overall approach being taken and proposed a step change in the combination of the organisation in relation to improved productivity combined with improved quality for patients and better jobs for staff in a better, more flexible working environment.

CMC/16/33   IT

a)   SECSU IT Infrastructure update and direction

The Director of IM&T reported that progress was slower than he had hoped for and that there was little sense of urgency or pace being shown by the provider who still seemed not to own the problem. The infrastructure provided by NHS England under contract was not fit for purpose and the team was under resourced in numbers and skills to be able to improve matters. The issue boiled down to whether the Trust should take over the responsibility of providing the infrastructure itself although this would be far from straightforward.

As the service was provided on behalf of others it was surprising that providers as a whole were not acting together. At the very least it was suggested that the STP should take an active, collaborative interest. The risks to the success of CareNotes were inextricably linked to the infrastructure and platform being used and so a solution had to be found. The CQRG and Lambeth CCG were aware and concerned about the problem so it was hoped they would be able to influence matters.

As this was a service provided by NHS England, it was agreed to approach them at the most senior IT level and also support the STPs in SE London to take action through its digital work stream and also more widely. It was essential that there was a credible plan for remediation and improvement agreed and in place for the beginning of the next financial year.

b)   CareNotes Recovery Plan update

The Chairman has met the CEO of the CareNotes provider and the company's response had improved. A stronger relationship with the engineering team had been built and there was optimism that the software release due in January would be effective. The company had agreed to Trust staff working with them on their site. If the January upgrade failed, the business continuity plan assumed a return to paper. However, there would need to be further consideration of this solution as staff felt that aspects of the current arrangement were better than the old paper systems. Nevertheless this would be the final opportunity for this supplier to demonstrate its credibility to deliver.

Finding an alternative system would take time although a digital EHR system would be an early priority for the Digital Committee to discuss. It was suggested that a series of KPIs be developed to monitor progress on the CareNotes project and a single issue review before the next public Board meeting in January should be arranged.

Chairman approved

CMC/16/34   Any other business

There was none.

CMC/16/35   Month 7 Finance Report

The committee noted the Month 7 Finance report

CMC/16/36   Date and time of next meeting

8th March 2017 at 1pm in the Burfoot Court Room, Guy's Hospital

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Guy's and St Thomas'
NHS Foundation Trust

**Board of Directors
Quality and Performance Committee**

**Minutes of the meeting held on Wednesday 11th January 2017
at 1pm in the Robens Suite, Guy's Hospital**

Present: Dr Priya Singh (Chair)

Dr I Abbs

Mr J Findlay
Mrs A Macintyre
Ms G Niles
Mr J Pelly
Ms A Pritchard
Mr M Shaw
Dr S Shribman
Dame Eileen Sills
Sir Hugh Taylor

Attendance:

Mr P Allanson, Secretary
Ms G Beer
[Ms H Coffey](#)
Mr P George Jones for Mr S McGuire
Ms A Knowles
Ms M MacDonald
Ms K Proctor
Dr S Steddon
Ms D Allison (Council of Governors representative)
Mr B Williams (Council of Governors representative)

Observing:

Ms R Thorlby, Deputy Director of Policy, Nuffield Trust
Mr N Moore, Niche Consulting

QPC/17/01 Apologies

Mr S McGuire, Prof R Razavi,

QPC/17/02 Minutes of the meeting held on 12th October 2016

The minutes of the meeting held on 12th October 2016 were approved as a true record.

QPC/17/03 Board Assurance Framework

The Chief Medical Officer reminded the Committee that it had been agreed by the Board that each of the Trust's Committees would take responsibility for the management of the trust's strategic risks. The paper invited the Committee to confirm its agreement with the risks allocated to it, their description and mitigations.

As this Committee was responsible for a larger number of risks than others, it was agreed that the Chairman and CMO would grade the risks and seek the Committee's agreement at its next meeting.

QPC/17/04   Hot Topics

Quality

The Committee noted that the Hot Topics paper was intended to enhance the IQPR and concentrated on current concerns. As such it lacked context and it was suggested that in some cases it would be important to make sure there was a short balancing narrative.

The Trust was reviewing the CQC recommendation about the iterative and auditing arrangements for identifying and embedding learning from incidents and events including disseminating good practice. CQC had recently published a number of significant documents; Learning, Candour and Accountability which did not make recommendations but would be influential. A national conference of Medical Directors would be considering one of its concerns – mortality reviews – in March.

CQC was consulting on its revised regulatory model which would move more towards data reviews than inspections. This meant that the data leaving the Trust would need to be of high quality. The emphasis was moving to the well led domain and it was difficult to envisage one model working for all types of trust. The Committee encouraged the Trust to respond to this consultation either through NHS Providers or the Shelford Group if its views were not thus represented on its own account.

CQC had confirmed it was satisfied with the progress made by the Trust in following up its recommendations from its 2015 inspection.

Renal service reviews – the two recent reviews had been positive and complimentary about the services offered by the Trust. The concerns raised in the commissioner peer review were matters identified by the service itself and should be viewed in the context of an outstanding report overall. The NHS England review of transplant services was similarly good and the Trust was aware of the issues about senior anaesthetics at Guy's and how the Trust was able to cope with the volume of referrals.

The Committee noted the serious incident and never event reports. It was confirmed that where appropriate, immediate action was taken in the wake of such incidents and this was clear to the serious incident panel. It was agreed to add a note about immediate actions to the report.

The fire alarm system in the East Wing at St Thomas's had failed just before Christmas and had been replaced by a manual system devised in conjunction with the London Fire Brigade. The parts were procured by 3rd January 2017 and the system would be fully operational by mid January.

There had been an increase in falls with harm, including severe harm, and action had been taken to strengthen adherence to Trust protocols. The increase correlated with increases in acuity, dementia and delirium and also men being reluctant to ask for help in getting to the toilet.

Viapath LIMS system – this was the system used to transfer results from Viapath to the Trust. It was a legacy system from the Trust when the pathology services were handed to Viapath and which needed to be replaced. A number of manual work arounds were in place and there were particular concerns around the movement of blood. These were not tenable in the long term. The Chief Medical Officer would be attending a meeting of the Viapath board to emphasise the importance of it delivering a failsafe solution; it was likely to be of concern to the MHRA, the regulator for this area. In the meantime, he was able to assure the Committee that the transfusion service provided by Viapath was safe but Viapath should be asked to confirm when the problems would be resolved.

The Committee asked for a fuller report on the radiology backlogs reported and the implementation of the new PACS system to be made to its next meeting.

It also asked for further information about the compliance with the new duty of candour requirements including confirmation of whether written confirmation, where compliance was low, was mandatory or optional.

The Committee confirmed that it was content with the balance of detail provided in the Chief Nurse's statutory reports on safeguarding and infection.

The Trust had vaccinated 77% (over 10,000) of frontline staff against flu. This was a remarkable result and would release £1mn of CQUIN funds. There were a number of lessons to be learned and in particular information to give to DH about reasons given by staff declining to be inoculated.

In the light of the increase in safeguarding activity for both children (45% and Adults (25%), the Chief Nurse was reviewing how these cases were handled as the current centralised model was no sustainable and directorates would need to take on more responsibility. Supporting clinicians to understand what to look for during clinical assessments would be a key part of any training arranged. There were a small number of very difficult, distressing cases that arose from time to time – there were three currently in play – and she proposed to put together a panel to review these so that decisions made were shared. At the moment, there were risks that clinicians were being referred to their professional bodies because of decisions they made that these individuals did not like.

Finally the Committee noted that there had been two MRSA bacteraemias attributable to the Trust, whilst the Cdiff trajectory was much lower than anticipated, largely due to changes to antibiotic prescribing practice. The first case of candida auris in the Trust had arisen in a patient transferred from KCH and it was noted that there was some nor virus in the Trust.

Performance

Referral to Treatment – Regulators had accepted that the Trust's performance had been affected by the increase in referrals and accepted that demand rather than operational issues were affecting performance and had paid out STF monies. The rate of growth seemed to have levelled out and the waiting list was not growing as fast. The plan for next year assumed further growth but it was hoped to return to trajectory by March 2018. Work continued with commissioners to manage demand as capacity would be

insufficient to cope with growth continuing at the rate experienced this year. A further consequence was an increase in patients waiting over 52 weeks. Whilst the numbers were reducing and some straightforward cases were being outsourced, this would take time to resolve.

Emergency Department – whilst the position seemed to have stabilised following a lot of remedial action the Trust did not anticipate meeting the four hour target until the end of March 2018. Nevertheless, it was amongst the top three performers in London and had performed consistently over the Christmas and New Year period when others had struggled. There was some pressure to take patients from elsewhere though the trust had resisted taking patients for straightforward procedures. NHS England was advocating the suspension of elective activity where emergency care was at risk but the trust was not in that position and did not at present need to create additional surgical capacity. Whilst the Trust was conscious of its responsibilities to the wider system whilst it was under stress, it would be important not to take decisions that had unintended consequences further down the line. Indeed there were risks that patients whose elective procedures were cancelled would then appear as emergency cases.

The Committee considered whether social care provision locally was causing problems as suggested elsewhere and concluded that although there were some adult safeguarding issues involved, the local community arrangements with the frailty unit helping to discharge people to the right place thus minimising the number of patients bed blocking, meant this was not as big an issue for the Trust. It was noted that one of the Fit for the Future transformational work streams was dealing with transfers of care.

Cancer – the 62 day cancer treatment target continued to be the most concerning target and the focus of a lot of work and effort in the face of increased demand. Internal performance to 85% remained off trajectory. Dealing with the backlog was a key priority and making sure that the administration was as robust as possible was essential as the relatively low numbers meant that errors had a disproportionate effect on meeting the target. Externally improvements were beginning to be seen but more was needed both clinically and operationally. Within the local cancer network, changes to pathways across institutions and use of care navigators were being implemented.

Finance

The early indications for month 9 suggested that the Trust remained ahead of plan and was maintaining its trajectory - £1.9mn deficit, £2.8mn ahead of plan.

The Director of Finance confirmed that the business plan had been submitted on time and in the form seen by the Board before Christmas apart from the financial trajectory which had been adjusted to reflect the receipt of STF funding and was back loaded though to a lesser extent than the current year. No feedback had been received from NHS Improvement yet and a further update would be provided to the Board later in January by which time the first cut of directorate budgets would have been received.

Essentia

The Chief Operating Officer for Essentia was able to report more stable performance on patient transport though it was now clear that the KPIs envisaged in the contract were unlikely to be delivered though performance to the previous levels would be. The renal service in Kent appeared to have settled down and the next transfer of patients in Kent to G4S was due to take place during January.

The Director of Procurement was representing the Trust in Savoy's dispute in relation to the volume of business in Kent, and other commercial issues, as there may be an impact on the original tender so any settlement would need to comply with public procurement rules.

The Contract was due to be retendered within the next two years with action beginning in about 11 months' time. It was agreed to commission and independent review of Savoy's performance in 6 months' time and any future tender constructed to reflect what the market could deliver. CCGs would also be asked to commit to the volumes tendered to avoid the current issues.

It was suggested that the Trust should consider alternatives to patient transport to get patients to appointments, particularly renal patient who were otherwise well and able to function. These could include shared cost solutions.

There were also issues to be resolved around getting patients on both sites from public transport to the hospital – black cabs would not take passengers from Waterloo to St Tomas' and the walk from Tooley Street buses to Guy's was too difficult for some patients. It was also suggested that the state of the patient transport lounges was poor and should be improved.

QPC/17/0   IQPR

In noting the IQPR, the Committee observed that the period immediately following had been particularly difficult with the industrial action on Southern trains affecting patients and staff. Whilst the workforce was generally recognised as resilient there were some early indications that rail performance could begin to affect people's commitment to the Trust and the Trust was asked to consider writing to Southern Rail pointing out the impact the action was having on patients and staff availability

QPC/17/0   FFF programme update

The Director of Transformation described the next steps for the governance of the Fit for the Future programme whereby in year issues would be presented to the Committee and longer terms matters to the Corporate Management Committee with an annual presentation to the Board away day.

The first paper was more detailed than would be proposed for the future but was intended to position what was a complex programme. Overall, the aim was to mesh in with existing structures including directorate performance review meetings thus developing a proportionate approach.

Although there was a gap to close, the programme was expected to deliver it savings target and was working closely with the Chief Operating Officer and

Director of Strategy teams. The programme was a part of the quality, safety and efficiency agenda. Challenges included making sure benefits were identified and that there was sufficient capacity to deliver and that patients were engaged in the work.

The Committee welcomed the approach. It acknowledged that Fit for the Future was embedded in directorate thinking and delivery and there was widespread support for tackling intractable issues within work streams. The team was encouraged to look at the private sector to leverage expertise and delivery and balance the tactical response to current problems as well as the more strategic, longer term topics which would benefit from Board involvement. Keeping the vision in view should be a constant challenge as should thinking strategically to wrestle with and devise solutions in a difficult environment where disruptive ideas could lead to innovation.

The Committee agreed the proposed governance proposals.

QPC/17/0   Learning from patients – Patient Stories

The Director of Quality and Assurance introduced the paper which offered a snapshot of patient views from a number of sources. The approach could be varied or developed. The Committee welcomed the report.

QPC/17/0   Papers for noting

The Committee noted the following:

- a. Finance Report Month 8
- b. End of Life Care Quarterly Report
- c. Infection Prevention and Control Quarterly Report
- d. Junior Doctors Guardian of Safe Working Quarterly Report
- e. Patient Experience and Engagement Quarterly Report
- f. Safeguarding Adults Quarterly Report
- g. Safeguarding the Welfare of Children Quarterly Report
- h. Trust Risk and Quality Committee Report Quarterly Report
- i. Serious Incident Panel meeting minutes Oct-Dec 2016

QPC/17/0   Date and Time of Next Meeting

The next meeting of the Quality and Performance Committee would take place on **12th April 2017 at 1pm in the Burfoot Court Room, Guy's Hospital**

Business Case for Approval : Rare Diseases Centre

The proposal had been put out to tender and the outcome approved by the IPB. The proposal would be funded by the Charity who had asked for confirmation that the space for this service would remain available for 10 years. The Trust had suggested it would prefer to undertake to re-provide the space if it was needed for alternative use. It was noted that the bid gave the option to revert to the Charity if there were excess costs.

The Committee approved the business case as presented on behalf of the Board of Directors.

Integrated Quality and Performance Report



November 2016

In this month (page 5)

November saw very high levels of both patient referrals and patient treatments across all of our services. We continue to experience significant increases in our GP referral volumes for cancer and elective services which continues to put pressure on our queue of patients waiting to be seen by our directorates. We are taking steps to maintain activity levels for December whilst keeping capacity for emergency admissions and we are working with CCGs to develop further demand management schemes across priority services.

Are we safe? (pages 6-17)

The Trust reported eight serious incidents externally to the Commissioners in November. There were no never events reported during November 2016. Delays in the reporting of imaging in radiology remains a priority and the Executive will continue to monitor performance indicators by radiology on a weekly basis. The QIPS team and directorates made good progress in reviewing and closing incidents which have been uploaded to the National Reporting and Learning System (NRLS). Further upgrades of the Pathology LIMS system have been put on hold due to resource issues.

Are we effective? (pages 18-27)

We continue to perform well against most of the indicators being monitored. We have agreed new CQUINs for 2016-17 and we are now starting to report against some of the metrics for these CQUINs in this month. We are performing well against our prevention CQUIN with positive initial results across smoking and alcohol contacts.

Are we caring? (pages 28-38)

Our Friends and Family Test feedback remains very positive and we are maintaining satisfactory response rates in many areas. During the month “recommend” scores have dipped slightly in some of the acute care settings such as admitted care, A&E and maternity, although scores have improved in ambulatory areas of care such as community and outpatients. “Not recommend” scores show a similar pattern although performance in maternity has improved slightly. Response rates continue to improve in a number of areas, however sustaining this in A&E has been challenging due to continuing high levels of activity and the emergency re-development. Maternity response rate has dropped significantly this month although measures are in place to address this in November. We are ensuring that more real time information is available to Directorates and continue to encourage teams to review key themes emerging from free text comments and identify actions for improvement.

Are we responsive? (pages 39-55)

Our performance against the 95% standard in emergency care continues to perform below the standard in November. Our focus remains on ensuring the safety of our patients and how we maximize the best use out of a challenging environment. We are working hard to improve the timeliness of treatment for patients on a cancer pathway, but continue to see late referrals from other centres. We are working hard to reduce our longest waiting patients during quarter 3 and will expect internal performance to continue to be low until quarter 4. We have moved to a paperless pathway for booking for 2 week wait referrals which is now having a positive impact on performance. We continue to struggle to consistently achieve the 31day standards and have addressed this through additional training this month. With respect to Referral to Treatment (RTT) we missed the target of 92% of patients treated within 18 weeks as a result of the demand on our waiting lists. We have experienced a sustained increase (17% in Q2) in demand from GPs which has led to a significant increase in our waiting list and backlog size. We are managing to hold performance levels at the moment through consistent focus on our longest waiters and activity levels. We failed to achieve the diagnostic target due to loss of capacity in Ultrasound in November. A recovery plan is in place and we expect to return to achieving this target in January.

Are we well-led? (pages 56-59)

Our quarter one 2016/17 Staff Friends and Family Test results show that our staff continue to give the Trust a huge vote of confidence as a provider of care and as a recommended employer and our quarter two survey is currently underway.

Our vacancy rate reduced to 11.2% but remains above target. Agency spend decreased to 4.15% of the paybill, with a reduction on the same month last year. Usage continues to be monitored closely on a weekly basis. Turnover increased slightly to 12.15%. The number of completed personal development reviews (PDR) increased to 75.29%. Managers and staff have been reminded of the importance of undertaking and reporting PDRs.

How effective are our enabling services? (pages 60-73)

The Trust has recorded a loss of £1.2m at the end of November £4.4m better than the planned position. Essentia Patient Services - who provide non-clinical support services across the Trust, have provided reports across its services. This enables a wider review of how it supports the Trust in its day to day activity.

Trust overview

November 2016

Page 3

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1 Safe	1.1	Patient safety - incident reporting	8
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	1.4	Screening on admission	13
	1.5	Mortality indicators	14
	1.6	Safe staffing (nursing and midwifery)	15

2 Effective	2.1	Quality Indicators	18
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	2.3	Clinical best practice (inc readmission management)	23

3 Caring	3.1	Admitted Patient Experience	26
	3.2	A&E Patient Experience	29
	3.3	Maternity Experience	31
	3.4	Outpatient Experience	32
	3.5	General patient and carers' experience (inc involvement in care and treatment)	33

4 Responsive	4.1	A&E access	34
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5 Well-led	5.1	External assessments	51
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6 Enablers	6.1	Overall financial position	54
	6.2	Activity volumes ('magic numbers')	60
	6.3	Fit for the Future programme - inc cost improvement plan (CIP) delivery	61
	6.4	Data quality, clinical coding, information and IT	63
	6.5	Essentia Patient services	64

Management priority (last month)	Management priority (this month)	Forecast status

Moderate	Moderate	Stable
Minor	Minor	Stable
Minor	Minor	Stable
Minor	Minor	Stable
Excellent	Excellent	Stable
On track	On track	Stable

Minor	Minor	Stable
Minor	Minor	Stable
Minor	Minor	Stable

Moderate	Moderate	Improving
Moderate	Moderate	Improving
Moderate	Moderate	Improving
Moderate	Moderate	Improving
Moderate	Moderate	Improving

Significant	Significant	At risk
Significant	Significant	At risk
Significant	Significant	At risk
Moderate	Significant	Improving
Moderate	Moderate	Stable
Moderate	Moderate	Stable
Moderate	Moderate	Stable
Moderate	Moderate	Stable

Minor	Minor	Stable
Excellent	Excellent	Stable
Minor	Minor	Improving

Significant	Significant	Stable
Significant	Significant	Stable
Significant	Significant	Stable
On Track	On track	Stable
Minor	Minor	Stable

Briefings

Nursing and Midwifery Safe Staffing/Infection Control (HCAI)

Friends and Family Inpatient and Daycase
Friends and Family A&E

A&E waits
Cancer Waits, External Referrals

Management priority

Individual theme in 'Trust overview'

Significant	Significant interventions are planned or in progress due to one or more factors: an externally-reported metric is off-track; multiple internal metrics are off-track; qualitative experiences are raising significant concerns
Moderate	Moderate interventions are planned or in progress due to one or more factors: an important internal metric is off-track; qualitative experiences are raising concerns; future projections are off-track
Minor	Some interventions are planned or in progress: stretch targets are off-track; trends are adverse; qualitative experiences suggest performance may be at risk
On track	All areas within this theme on track
Excellent	Amongst top performers nationally, with internal stretch targets consistently met

Forecast status

Individual theme in 'Trust overview'

At risk	Expected to worsen by next reporting period
Stable	Not expected to change significantly by next reporting period
Improving	Expected to improve by next reporting period

Indicator status

Individual metric in 'Domain scorecard'

	Achieving national standard or internal target (this reporting period)
	Not achieving internal target (this reporting period)
	Not achieving national standard (this reporting period)
	Indicator only - not measured against a set target

November	Compared to last year	
	Same month	Year so far

We received...

Referrals from GP's

18,878

12.6%

12.5%

Urgent cancer referrals

1,332

21.6%

13.9%

Referrals to @Home and ERR

319

5.3%

-9.7%

We treated...

A&E attendances

15,129

0.8%

3.1%

Non-elective admissions

3,825

10.2%

6.3%

Outpatient attendances

100,771

7.7%

4.5%

Day cases

6,121

11.8%

6.3%

Elective inpatients

2,426

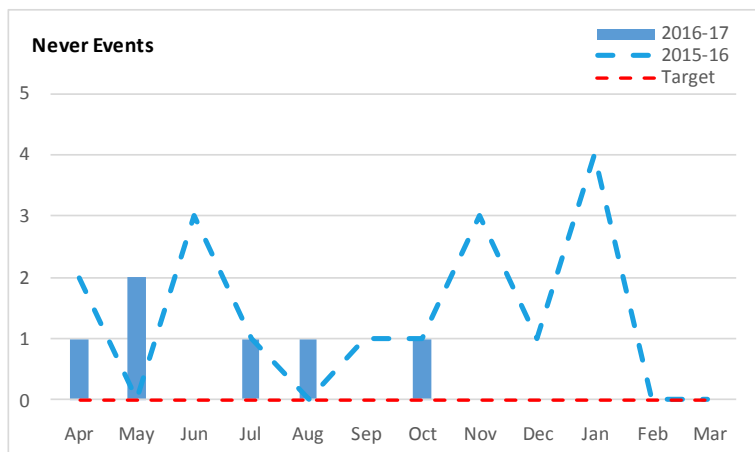
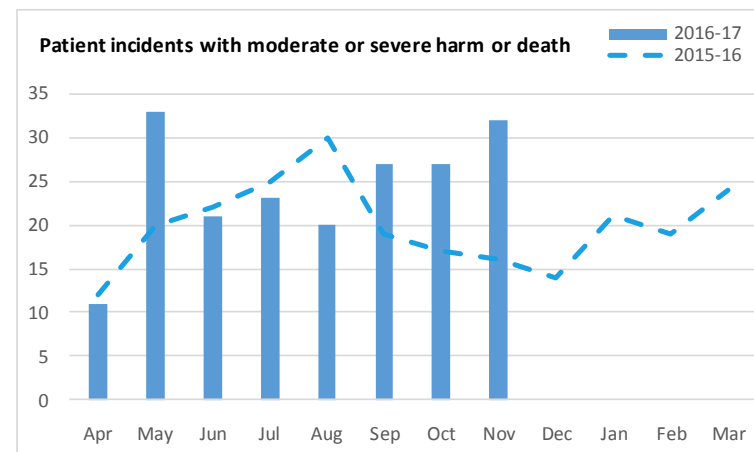
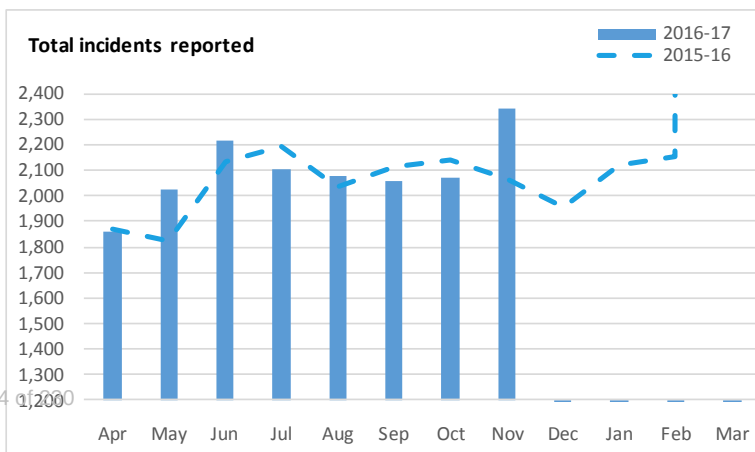
-1.2%

-3.8%

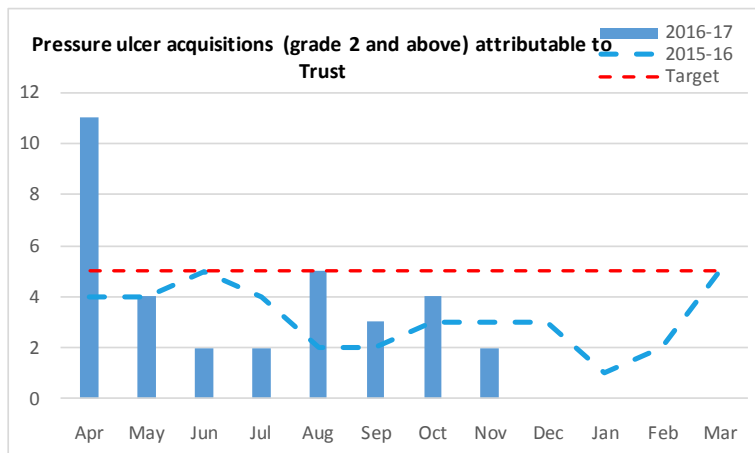
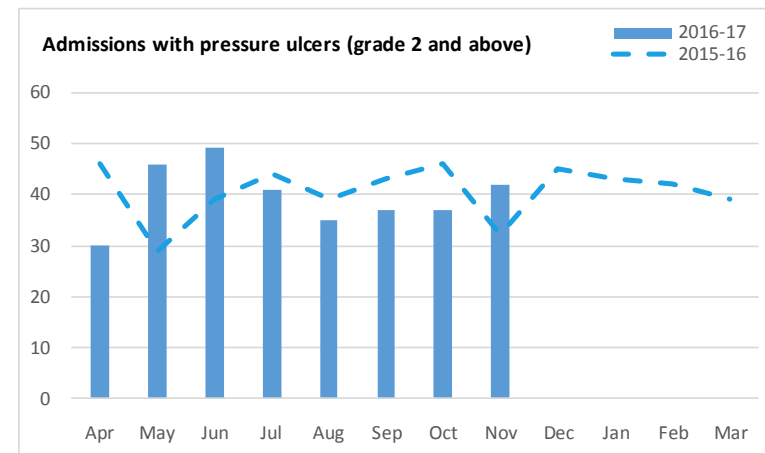
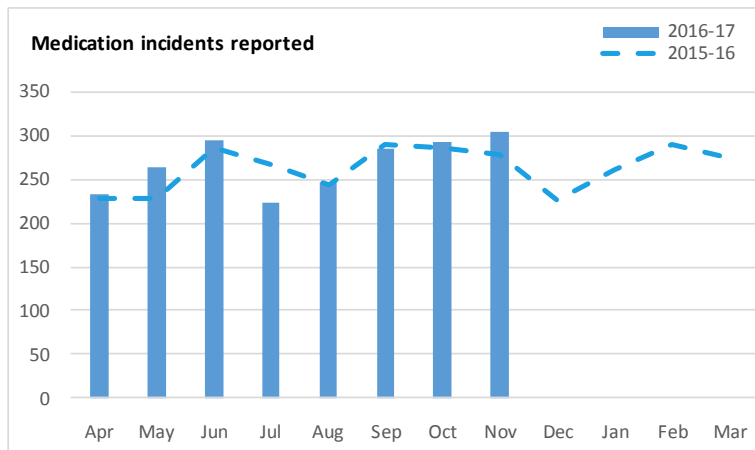
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Sep	Oct	Nov	YTD avg	Monitor	Quality priorities	Trend chart
1.1 Patient safety - incident reporting	INC 06	Total incidents reported	Number	-			2,052	2,061	2,072	2,341	2,095			Y
	INC 06S	Incidents - Reported on STEIS (total number)	Number	-			6.6	4	8	9	9.0			
	INC 06ST	Incidents reported on Datix that are STEIS reportable (total number)	Number	-			0.0	4	3	7	6.1			
	INC 07	Never Events	Number	Zero			1.3	0	1	0	0.8			Y
	INC 01	Incidents resulting in unexpected death	Number	-			2.3	4	2	3	2.6			Y
	INC 02	Incidents resulting in severe harm	Number	-			2.2	4	3	5	3.1			Y
	INC 03	Incidents resulting in moderate harm	Number	-			15.4	19	22	24	18.5			Y
	INC 04	Incidents resulting in low harm	Number	-			317	332	274	339	310			
	INC 05	Incidents resulting in no harm	Number	-			1,294	1,218	1,351	1,442	1,338			
	INC 01S	Incidents resulting in unexpected death - reported on STEIS	Number	-			2.0	4	1	2	2.0			
	INC 02S	Incidents resulting in severe harm - reported on STEIS	Number	-			1.7	2	2	3	3.0			
	INC 03S	Incidents resulting in moderate harm - reported on STEIS	Number	-			0.9	0	1	0	1.6			
	INC 04S	Incidents resulting in low harm - reported on STEIS	Number	-			1.1	1	0	1	0.8			
	INC 05S	Incidents resulting in no harm - reported on STEIS	Number	-			0.9	0	0	1	1.4			
	INC 08P	% incidents relating to patients	Mthly %	-			79.5%	76.5%	79.7%	77.4%	79.8%			
1.2 Patient safety - harm-free care	305T	Pressure ulcer acquisitions (grade 2 and above) attributable to Trust	Number	<5			3.2	3	4	2	4.1			Y
	305TA	Admissions with pressure ulcers (grade 2 and above)	Cases	-			41	37	37	42	40			Y
	INC 22	Medication incidents reported	Number	-			263	284	293	305	268			Y
	INC 21	Patient falls with moderate or severe harm	Number	-			1.6	4	2	3	2.9			Y
	INC 20	Patient slips trips and falls	Number	-			145	166	167	170	163			Y
	313BD	Incidence of falls per 1000 bed days	Number	-			4.9	5.7	5.3	5.5	5.4			Y
	WHO	WHO surgical safety checklist	Ann %	-			86%				85.0%			

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Sep	Oct	Nov	YTD avg	Monitor Quality priorities	Trend chart
1.3 Infection control and cleanliness	324	MRSA screening of admissions	Mthly %	>95%			95%	89.2%	90.9%	91.5%	90.0%		Y
	301	MRSA bacteraemia (Trust-attributable)	Number	Zero			0.2	1	1	0	0.3		Y
	302L	C-Diff acquisitions resulting from lapse in care	Number	Zero			0.3	0	0	0	0.1		Y
	302T	C-Diff acquisitions (Trust-attributable)	Number	<4 pm			4.3	1	1	3	3.1		Y
	AMS	Anti-microbial stewardship	Score	>85			92.7	88	89	91	91.1		Y
1.4 Screening on admission	9936	VTE screening (externally reported)	Mthly %	>95%			97.2%	96.5%	96.6%	96.2%	96.9%		Y
	Dem75	Dementia screening (patients aged over 75)	Mthly %	>90%			92.7%	90.9%	90.2%	84.3%	90.3%		Y
1.5 Mortality indicators	350	Deaths in hospital - number in month	Number	-			93.7	87	80	97	86.6		Y
	HSMR	Hospital standardised mortality ratio (HSMR) - most recent score	Ratio	<90			75.6	70.4	70.4	70.0	73.0		Y
	SHMI	Standardised healthcare mortality index (SHMI) - most recent score	Ratio	<90			79.0	76.0	76.0	74.2	75.0		Y
1.6 Safe staffing	SafeS	Safe Staffing - ratio of actual to planned hours	Mthly %	-			100.1%	100.1%	100.8%	101.1%	100.1%		

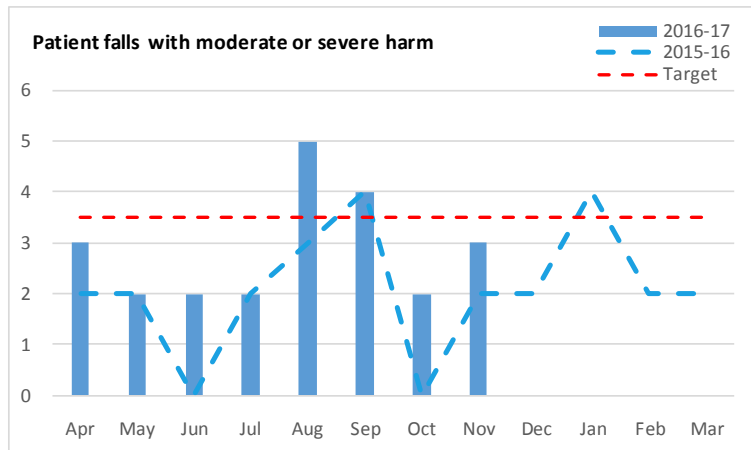
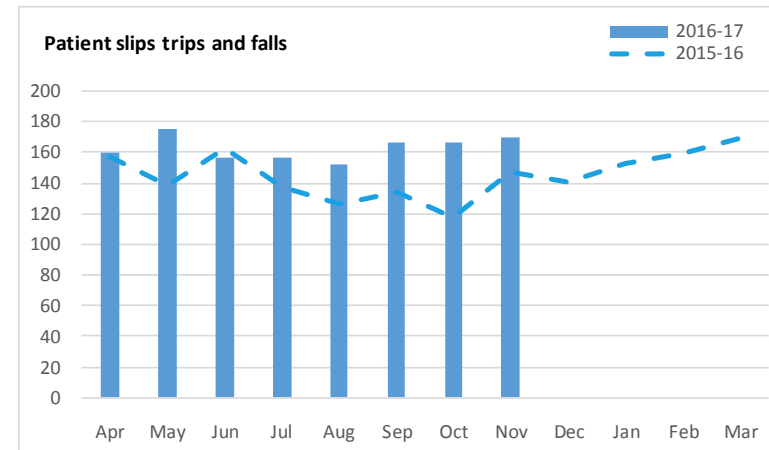
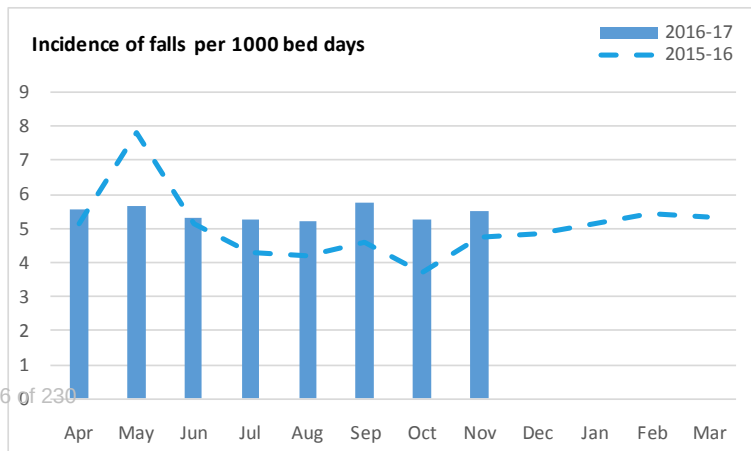
- The Trust reported eight serious incidents externally to the Commissioners. These are currently under investigation and relate to the following incident categories; one incident of suspected self harm, one patient fall with serious harm, three delays in treatment, one surgical invasive treatment and one medication incident. No never events were reported during November 2016.
- Two SI's stemmed from complaints raised. One related to a neonate who sadly had a poor outcome following delivery the cause of which is unknown. The other related to a patient who suffered complications following surgery. The QIPS team, directorates and complaints are working on these together with the complainants.
- Delays in the reporting of imaging in radiology remains a priority and the Executive will continue to monitor performance indicators by radiology on a weekly basis. It is anticipated that the new PACS system due in January 2017 can offer an IT solution to help clinicians follow-up on requested imaging and the reported results.
- The organisation was able to meet the NRLS deadline in November for uploading reported incidents between April-Sept 2016 for which the investigations had been completed. A few hundred were still being investigated and could therefore not be uploaded.



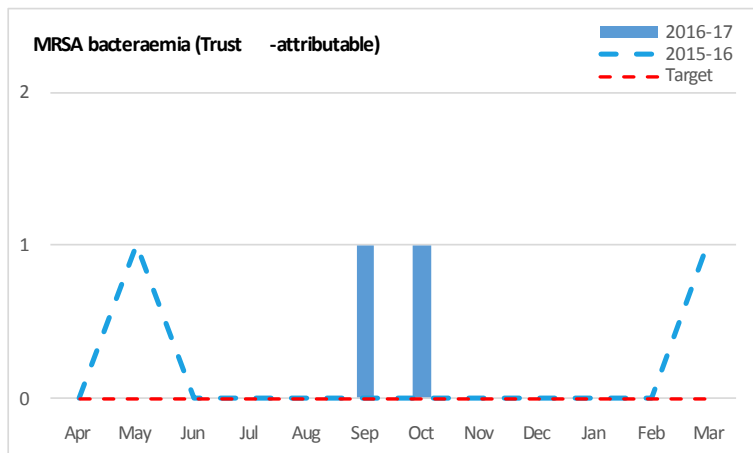
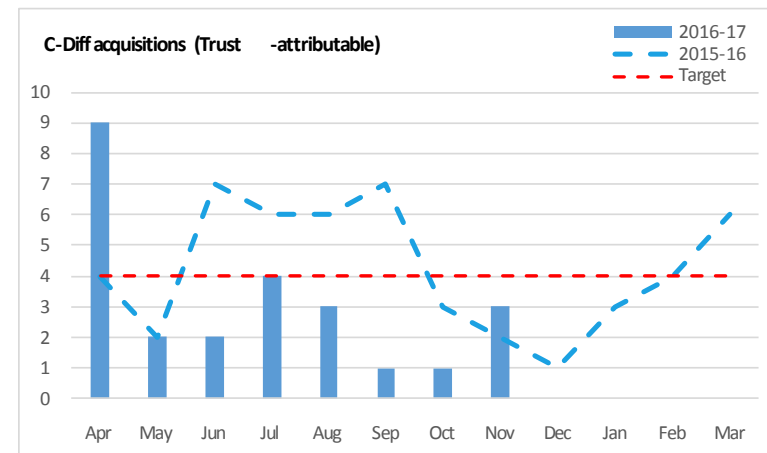
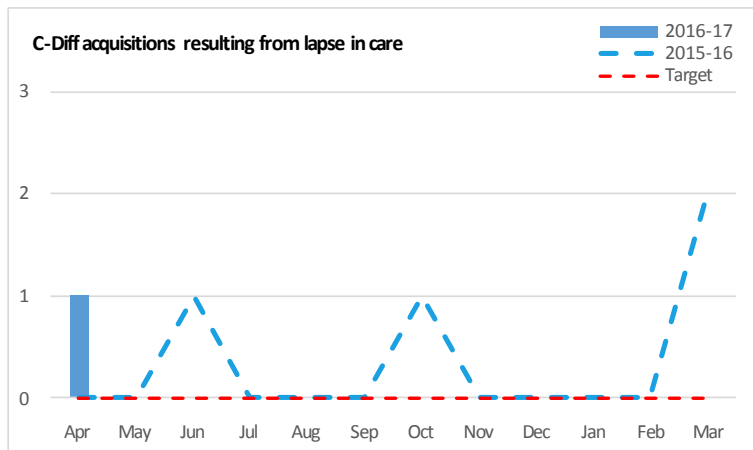
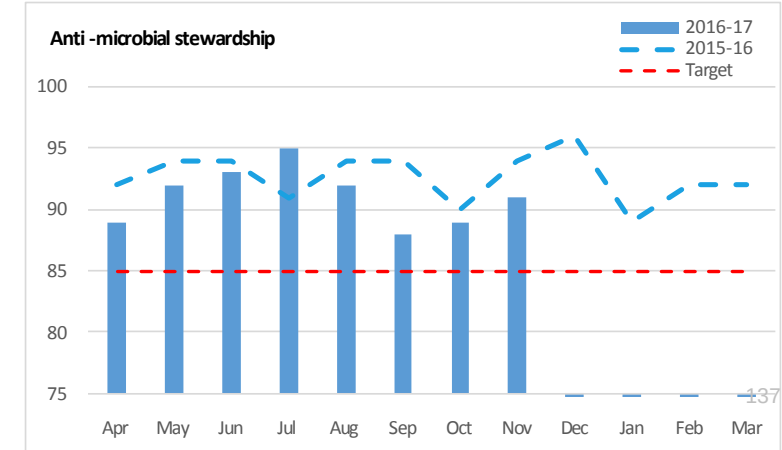
- There were 2 stage 2 pressure ulcers in acute medicine this month all being reviewed locally for learning needs.
- Admissions with ulcers were higher than previous months but mainly due to the acuity of patients within the trust and mostly patients from out of area.
- Medication incidents reporting increases steadily and is higher than the similar period in 2015. High incident reporting is positive as it reflects an open safety culture, facilitates improvement and prevention of future recurrence, and meets NHS Outcomes Framework Domain 5 (report more incidents, reduce harm, reduce recurrence).
- Harm from medication incident reports remains low with data reported in the Trust Medication Safety Forum and weekly communication meeting 'Safe in our Hands' where staff share learning and improvement.



- This month the incidence of falls remains comparable to October with 170 falls reported compared to 167 in October. Inpatient and Community falls remained constant with a noticeable increase in non-ward falls with 32 reported this month compared to 24 in October.
- Looking in more depth at the data there were 138 patients that fell and 170 falls reported, which meant that there were 32 occasions where a patient fell more than once during admission (compared to 27 in October)- this is seen mainly in the Inpatient areas. In addition, there were 31 assisted falls reported this month compared to 18 in October. The directorates with the highest incidence of in-patient falls were Acute Medicine, Haematology & Oncology and Cardiovascular.
- There were 3 falls resulting in moderate harm or above this month which occurred in the Acute Medicine and Cardiovascular directorates.



- C-diff performance is good with no lapses in case since April.
- There were no cases of MRSA bacteraemia in November
- The Trust continues to maintain high standards of anti-microbial stewardship.



Where we want to be. Targets and benchmarks:

- ***Clostridium difficile*** - The external objective for reportable cases of *C. difficile* (Cdiff) for 2016/17 is 51 cases. Reportable cases are those that are 'toxin positive' (Enzyme-linked Immunoassay or 'EIA' positive) and are identified beyond three days of admission to the organisation (attributed). In addition the Trust must determine and report to the commissioners any reportable cases that are deemed to be due to any 'lapse in care'.
- **Meticillin Resistant *Staphylococcus aureus* (MRSA)**. The organisation has a zero tolerance threshold for MRSA bacteraemia.
- **Other bacteraemia** - The Trust is required to report all cases of MSSA and E-coli bacteraemia via the Public Health England (PHE) reporting system. There is no national objective for these bacteraemia at present.

Where we are: trends and patterns:***C. difficile***

- The Trust remains below trajectory. There were no 'lapses in care' during November; Figure 1.

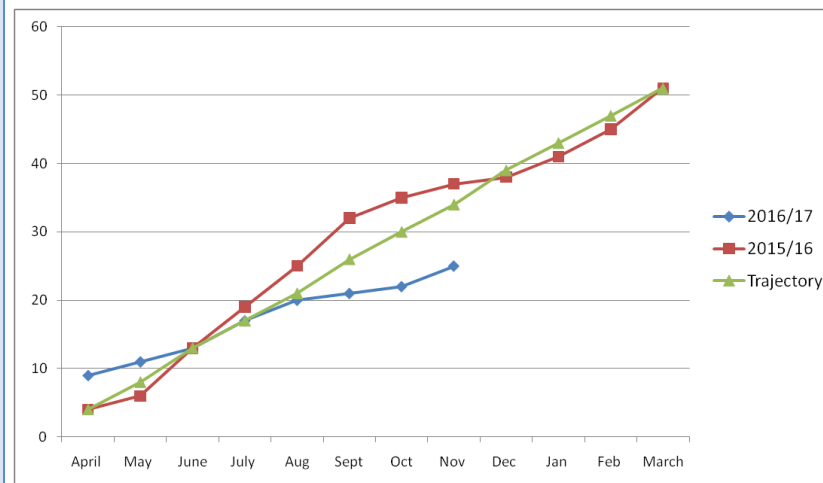
MRSA bacteraemia

- There were no MRSA bacteraemia in November, year to date total remains at 2

Other bacteraemia

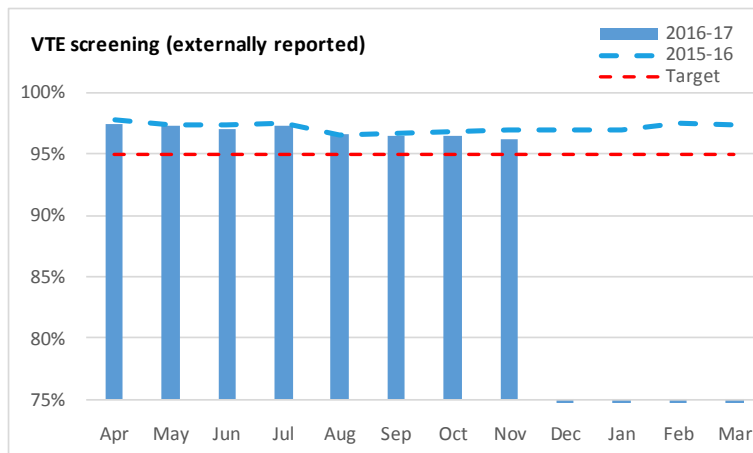
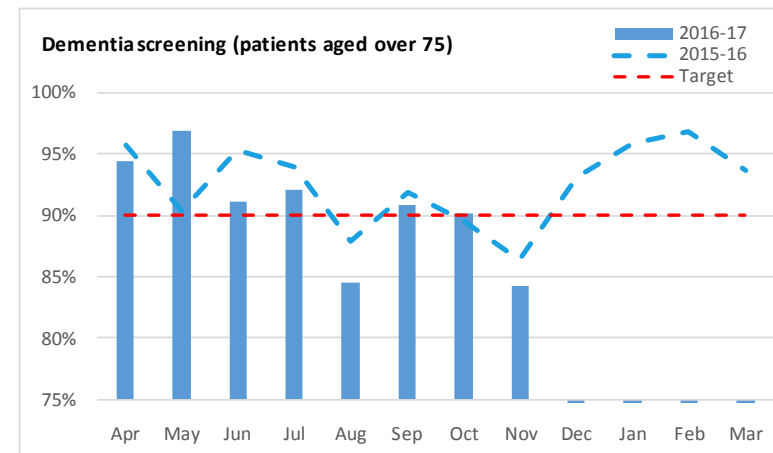
- **MSSA** – For November 2016 the Trust reported 11 cases of which 3 were deemed to be Trust attributable (identified > 48 hours after admission). Overall the position is similar to the same period in 2015/16 but there have been increased cases since September. A review of cases is underway to consider any common themes and identify any necessary action.
- **E coli** – For November 2016 the Trust reported 25 cases, of which 5 were categorised as healthcare associated.

Figure 1. Cdiff cases 2016/17 compared with 2015/16 with a linear trajectory to 51 cases.



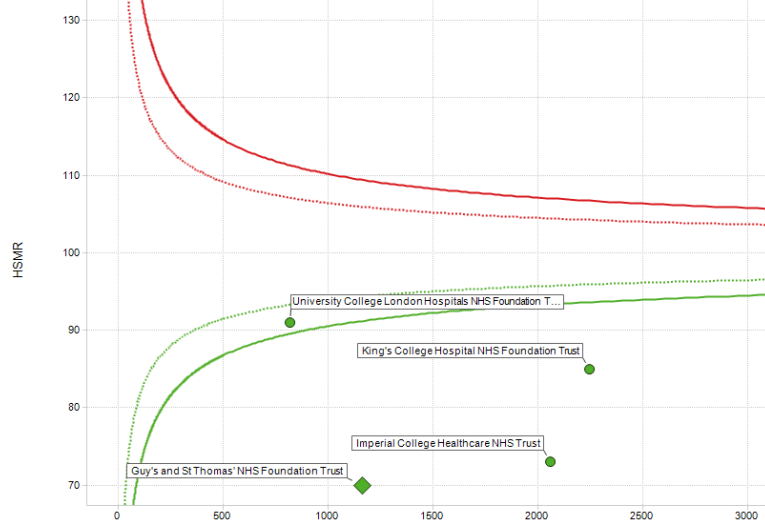
Incidents and Investigations:	Status
Mycobacterium chimera in heater/cooler units used in cardiac bypass machines – this issue will remain active for the foreseeable future	Actions underway
Ongoing measles outbreak in London. Very few cases now presenting.	Actions complete
Endoscopy decontamination failure – under investigation and some remedial actions in place. Investigations not completed yet.	Actions underway
Preparation for Norovirus and Influenza; cases and clusters of Norovirus have occurred, influenza is expected. Preparations and awareness raising in place	Actions underway

- We continue to achieve our screening target for Venous Thromboembolism (VTE) across all directorates, but we are seeking to improve the percentage of inpatient and day case admissions screened in individual specialties. These include some surgical areas, particularly nurse-led day-case services.
- The Delirium and Dementia (DaD) team is undertaking the following actions to improve compliance: The Clinical Lead is working with junior doctors to ensure they are aware of the dementia assessment and how to complete it. The DaD Clinical Nurse Specialists (CNS) regularly provide reminder sessions to staff of the wards of how and when to complete a dementia screen. Dementia screening teaching given to wards that have lower screening compliance.
- The DaD CNSs' have already been working closely with Acute Admission Ward (AAW) who have the greatest number of eligible admissions. The DaD CNSs continue to check which new inpatients require a dementia assessment and remind staff daily via email and a phone reminder of those patients with outstanding dementia screens. The DaD CNSs also remind ward staff in addition by adding reminders to e-noting and informing staff when they are on the wards.

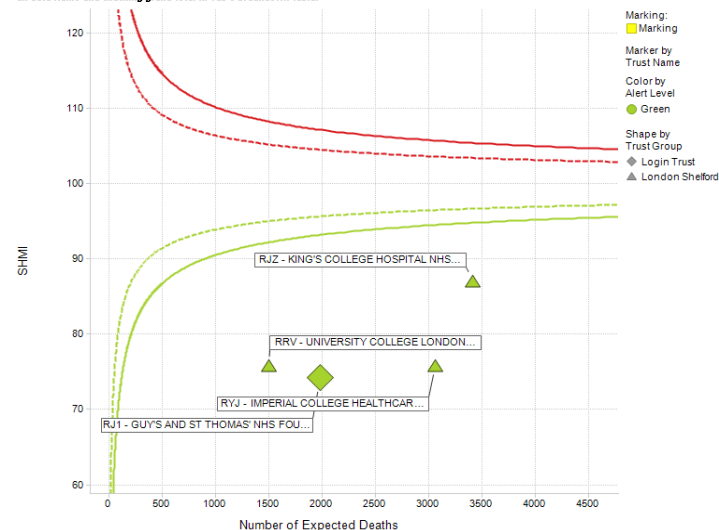
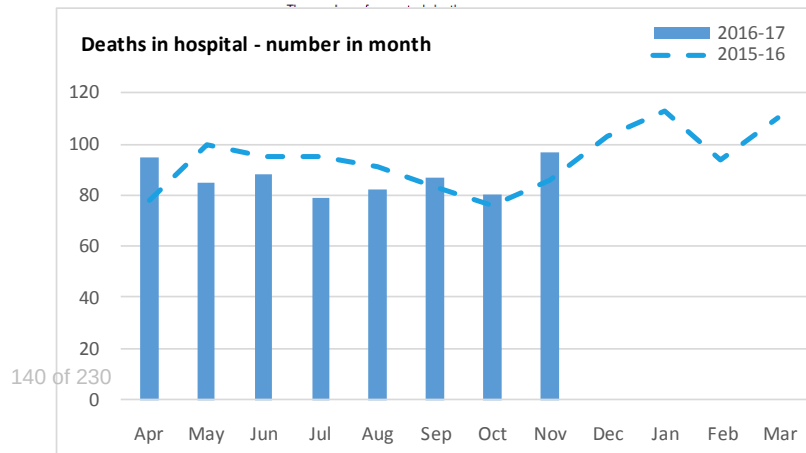


- Benchmarked mortality allows case-mix corrected risk of death to be compared across organisations. The Trust continues to perform exceptionally well, both against the England average and other London acute hospitals. Two measures are used: Hospital Standardised Mortality Rate (HSMR) shown in graph upper right; and Summary Hospital Mortality Indicator (SHMI) shown in graph upper left. SHMI includes deaths within 30 days of discharge. For both indicators a low score is good.
- Crude mortality was increased during Q4 2015/16 partly explained by a late increase in influenza during this period. Q1/2 2016/17 has shown lower crude mortality than the previous year despite overall increased activity including for emergency admissions where most death occur. There was an increase in crude mortality in November 2016 but this is expected as part of winter seasonality. Review of deaths in November did not show any clustering of deaths. . Benchmarked mortality indices remain low compared to peers.

Please note that the funnel plot is only valid when the overall HSMR score is around 100.



Please note that funnel plot is only valid when SHMI score is 100 for all the organisations (shown below) as a whole. It can be verified through highlighting all data items and checking grand total in Tab 3 breakdown table.



Key highlights for November 2016

Average fill rates of planned hours for RNs for day were 98.6%, with night at 99.4%. Average fill rates for planned hours for NAs was 105.1% daytime and 121.3% for the night. Overall 101.1% of planned hours were used. The Directorates have been working hard to maintain patient safety whilst also addressing the reduction in the nurse and midwifery agency spend required to meet the NHS Improvement regulations.

Vacancies have decreased marginally from October as the intake of newly qualified nurses has reduced steadily from the early autumn peak. There are currently 371 external candidates in the Recruitment Pipeline, who are expected to join the Trust over the next few months which will have a positive impact on the vacancy rate, however if turnover remains at current levels, vacancies are likely to remain above the target of 9%.

The Heads of Nursing and Midwifery (HoN/Ms) have given assurance that they have reviewed their staffing numbers and assessed their areas to be safely staffed.

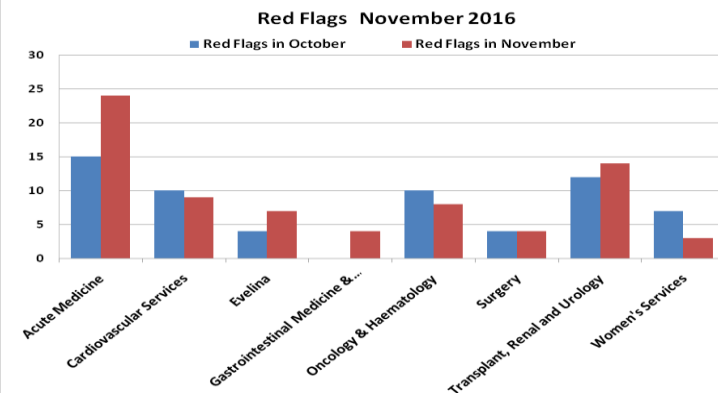
The table to the right, outlines staffing levels this November as compared to November 2015.

Patient Acuity

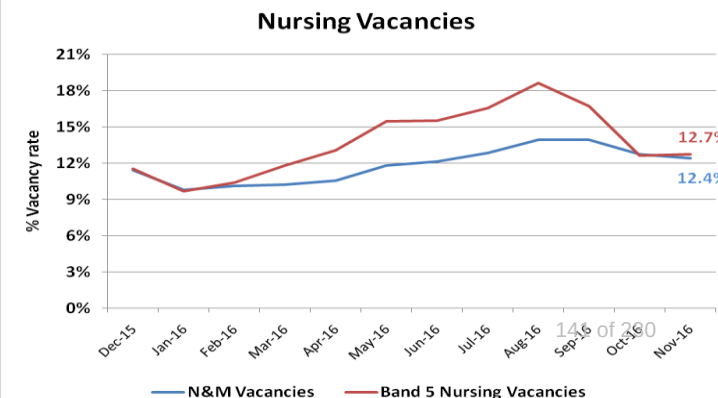
Inpatient, non critical care, bed days in November stood at 34,777 - an increase of 254 on the previous month and 3,096 on the previous year. The balance of bed days to each level of acuity was similar to last month, with Level 1b patients accounting for the most bed days with a share of 44.9%. Level 2 patient bed days were up by 444, an increase of 34% on last month. Acuity and Dependency is collected twice daily from the wards through the iPAMS system to enable the site team to have an accurate picture of the sickest/most dependent patients in the hospital.

Red Flags

A total of 73 Red Flags were raised in November, 11 more than the previous month. Red flags are mostly used as a marker for potentially unsafe levels of staffing which get resolved in real time without impacting on patient care. This has the potential to reduce some of the significance of a red flag. The workforce utilisation team within the Chief Nurse Office are looking to consult on re-categorising instances of resolvable red flags so that the distinction in severity can be made.



Staffing measures	Nov-15	Nov-16	Change	
Nursing Establishment WTE	5683.51	5824.50	140.99	▲
Nursing Staff in Post WTE	5076.11	5100.54	24.43	▲
Vacancies WTE	607.40	723.96	116.56	▲
Vacancy rate	10.69%	12.43%	1.74%	▲
Red Flags raised	32	73	41	▲
Agency % of Paybill	4.76%	5.63%	0.87%	▲
Planned v Actual Hrs used	100.1% of planned used	101.1% of planned used	1.0%	▲
Care Hours per Patient Day	N/A	10.5	N/A	N/A



Recruitment

The overall Nursing vacancy rate decreased to 12.4%, which is 0.3% lower than the previous month. The number of nursing staff in post increased by 13.4 WTE. The transformation of the recruitment process for band 5 nurses has continued to be well received, with a very successful assessment centre on 28th November yielding a further 54 nurses across the Trust. There is now a rolling 3 weekly assessment centre plan in place for 2017 and posts are currently being advertised in preparation for the first of the New Year on 9th January. There have also been 2 recent assessment days for Nursing Assistants which have successfully recruited 82 Band 2 nursing assistants. The nursing workforce team were successful in getting a Facebook page approved through Digital Board in November and this was launched in December. The purpose is to create a nursing and midwifery community which is both internal and external facing, posting content that is of interest to nurses and midwives who currently work at the Trust as well as advertising opportunities for those who wish to come and work here. It is hoped to build a sense of what it is like to work at GSTT, encouraging existing staff to network and feel proud of what the Trust is doing, as well as building the attraction for others to come and work at the Trust. Acute Medicine and Community Adult Directorates also have bespoke action plans to address their individual recruitment and retention issues and are exploring and implementing various options for increasing their volumes of new starters as well as retaining their existing staff. Progress against these action plans will be reported on monthly from January 2017.

Planned v Actual Hrs

Planned Hours for Registered nursing (RN) staff were 2,885 below plan for the month, which equates to 17.70 WTE, while Nursing Assistants (NA) were 6,609 above plan (40.56 WTE). This variation in NA hours is driven in the main by the need for specialising of patients who are at risk of harm or for escorting patients to appointments from community areas. Usage of nursing assistants for specialising is most significant in acute medicine and also in one of the community inpatient areas. The Specialising (or Enhanced Care) policy is currently under review and the revised policy and risk assessment will be presented to the Nursing and Midwifery Executive Council (NMEC) in February 2017.

Health Roster

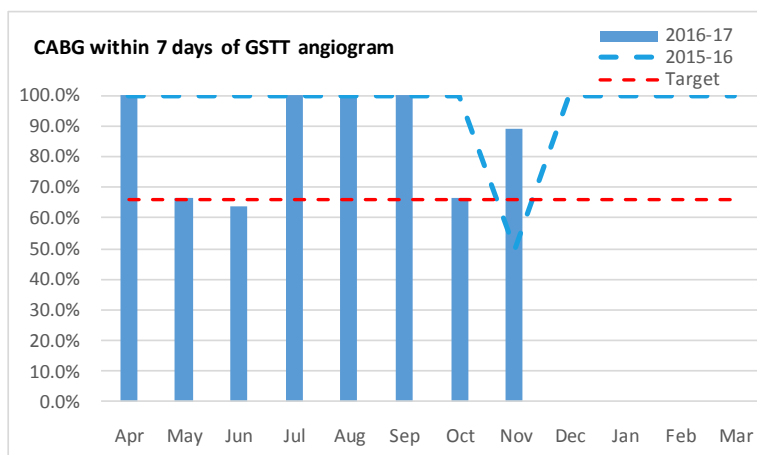
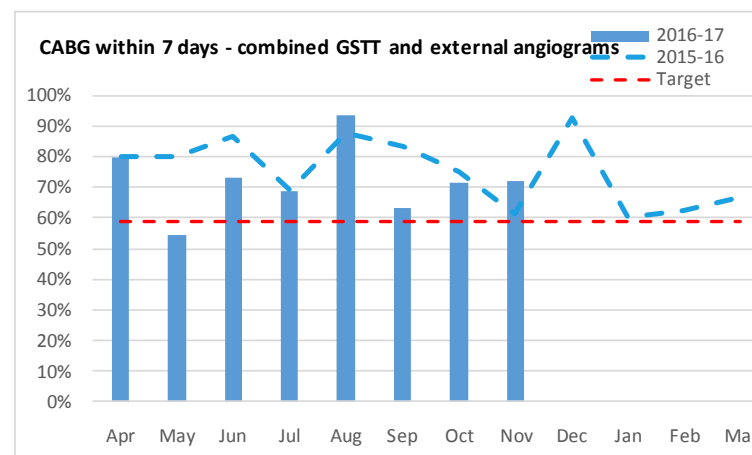
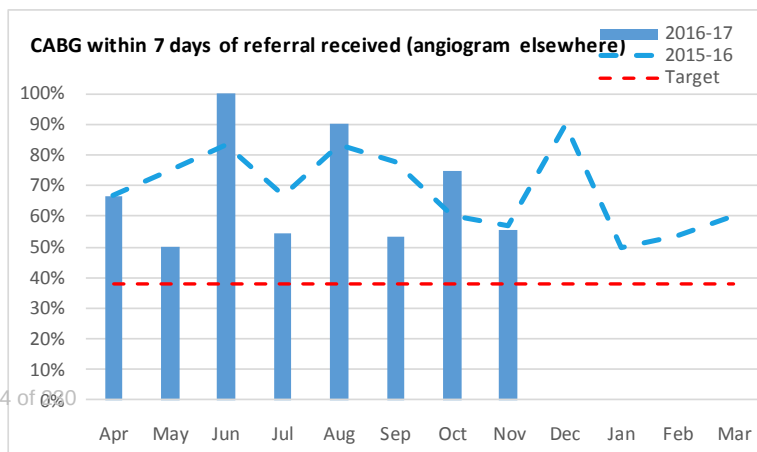
Work to complete the overdue demand template reviews finishes on December 23rd 2016. Annual reviews will be included in the 2017 eRoster project plan. The next phase of roster implementation is the rollout across the Trust of predictive rostering. The new project plan will be presented for discussion and approval at the Workforce Council in January 2017. Womens Services, Older Persons Unit and Guys Critical Care have begun preparations for their pilots in February. The next 3 areas keen to begin are GI Unit, Mark Ward and TRU. A focus group to address issues related to advance roster publication reached the following conclusions, to which actions have been applied -

- Forward planning by roster creators is key - An increased lead time will be applied from the next unopened roster period. A new roster calendar will be published.
- Late AL requests have direct impact on publication - a violation and warning will be added to ESR and e-roster. AL requests and shift exchanges will have to be made in person to the roster manager
- Auto-roster training required to improve compliance - The e-roster team will facilitate this during clinical visits.
- Build in alerts of non-compliant activity - Allocate and e-roster manager to take forward

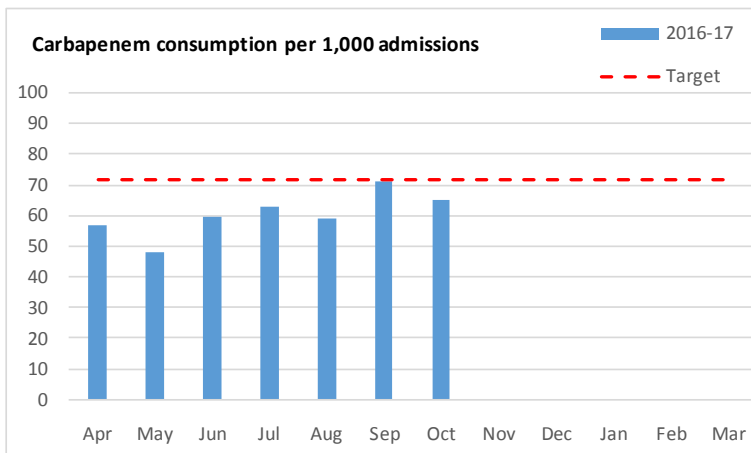
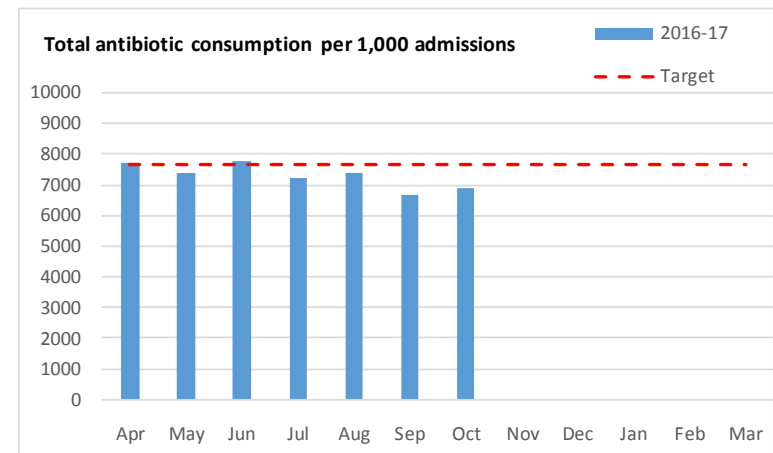
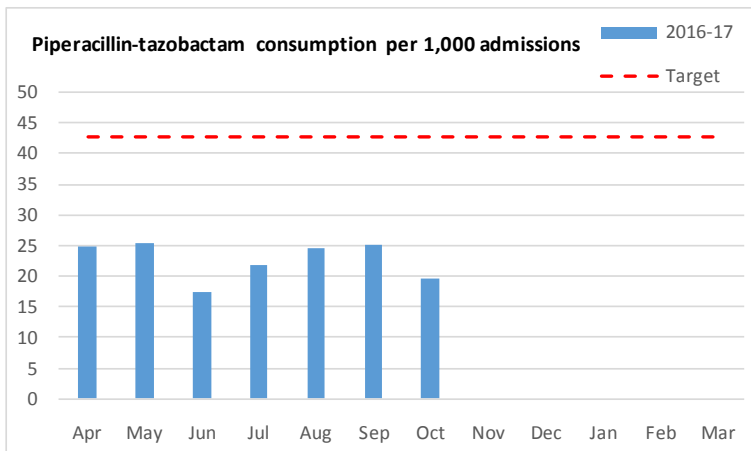
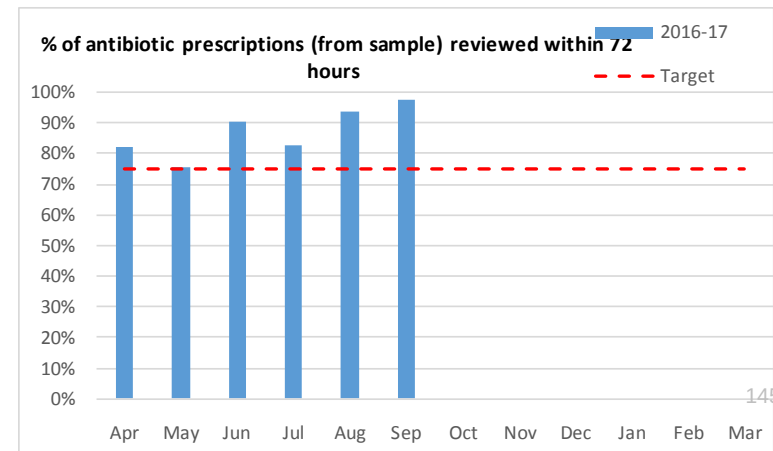
Planned upgrade to version 10.6.2 of HealthRoster was carried out on Monday 12th December. This involved improvements to Healthroster, Bank staff, eManpower, Employee OnLine (EOL) and RosterPerform. The upgrade was successful with no issues identified as a result.

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Sep	Oct	Nov	YTD avg	Monitor	Quality	priorities	Trend chart
2.6 Adult critical care timely discharge	1617CQ30	% critical care discharges delayed for more than 4 hours	Mthly %					26.9%	26.4%	25.5%	27.0%				
	1617CQ31	% critical care discharges delayed for more than 48 hours	Mthly %	< 5.1%				1.5%	2.6%	1.8%	1.4%				
2.7 Automated exchange transfusion sickle	1617CQ26	% Children with Sickle Cell receiving automated exchange transfusion	Mthly %	>80%				100.0%			95.2%				
	1617CQ25	% Adults with Sickle Cell receiving automated exchange transfusion	Mthly %	>95%				98.6%			99.5%				
2.8 Nationally Standardised Dose Banding	1617CQ27	% of rituximab SACT doses matching standardised doses	Qtly %	>30%				69.1%			69.1%				
	1617CQ28	% of vincristine SACT doses matching standardised doses	Qtly %	>30%				62.5%			62.5%				
2.9 Clinical best practice	352	Emergency readmissions (within 28 days - in arrears)	Cum %	<5.7%			5.7%	5.8%	5.8%		5.7%				Y
	353	Emergency readmissions (within 14 days - in arrears)	Cum %	<3.5%			3.6%	3.7%	3.7%		3.7%				Y
	IC48	Critical Care Unplanned Readmissions within 48 Hours	Mnthly (%)	<=1.3			1.4%	1.6%	1.6%	0.8%	1.3%				
	913	% Caesarean sections	Mthly %	<28%			33%	35.9%	36.3%	34.2%	32.5%				
	ICNARC-STH	Critical care mortality indicator-STH+VH DU	Quarterly	<=1.0			0.83	0.89	0.89	0.89	0.91				
	ICNARC-Guys	Critical care mortality indicator-Guys CCU	Quarterly	<=1.0			0.99	0.77	0.77	0.77	0.79				
	EOL	End of life care - % of deaths supported by Priorities for Care	Mthly %	>25%			37.0%	44.6%	36.8%	47.7%	42.6%				

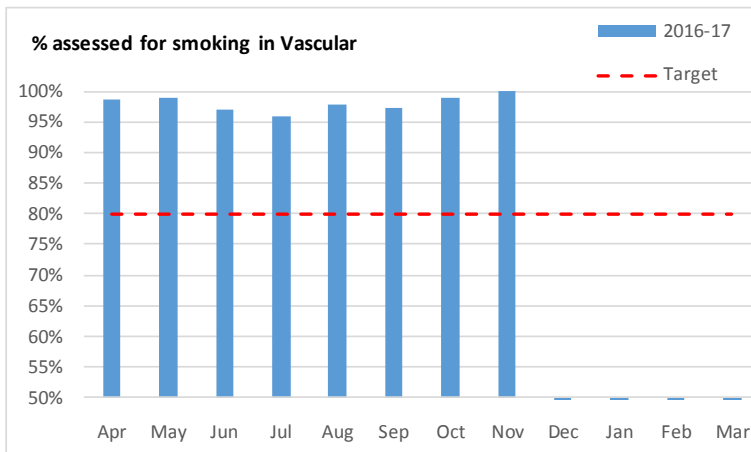
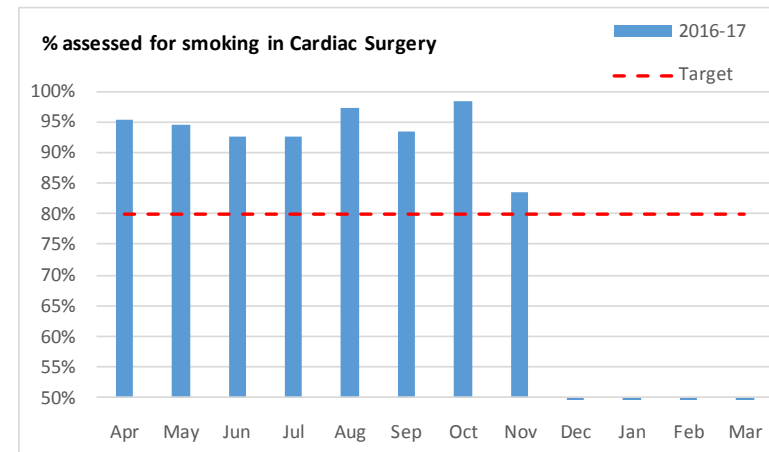
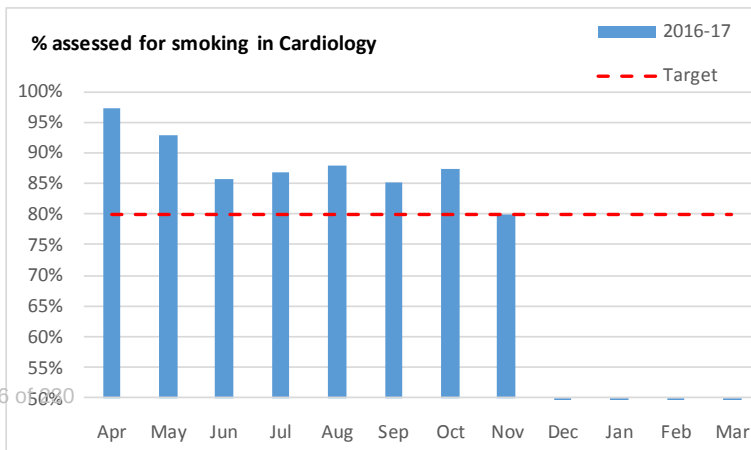
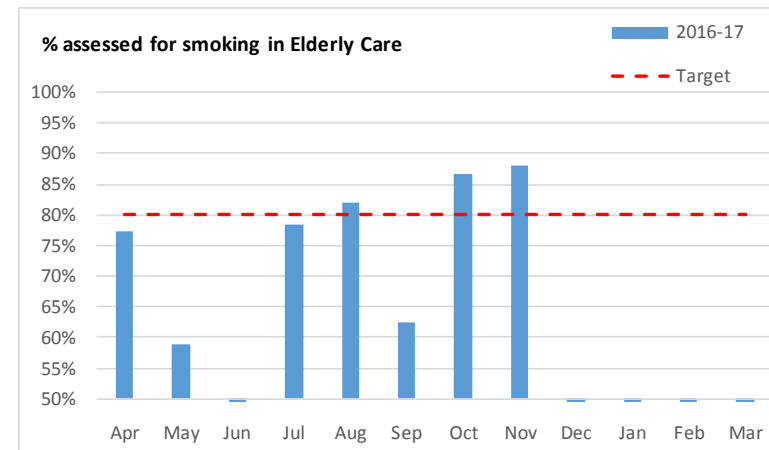
- The Trust has achieved against all of the Q2 milestones for specialist services CQUINs and most of the national and local CSU/CCG CQUINs. We have also confirmed the CQUIN schemes that we are taking forward into 2017/19 with both our commissioners (National, local and specialist services).
- The graphs below, show our performance against three cardiovascular quality indicators from previous years, which we continue to monitor, as they continue to be important to the Trust and our patients.
- Performance for all three elements is exceeding the target. Although previous months show that performance is variable and the dip in performance is related to pressure our critical care which is a risk to us especially during the winter months.



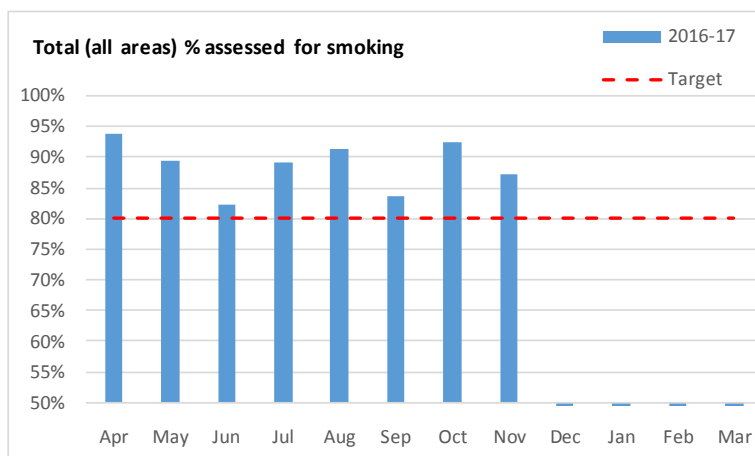
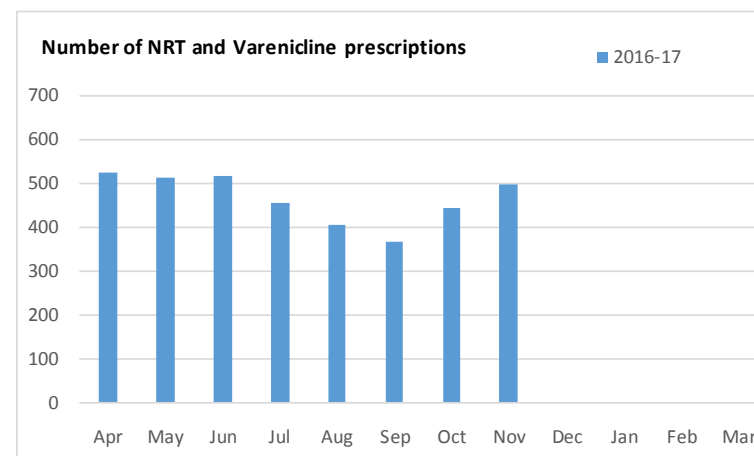
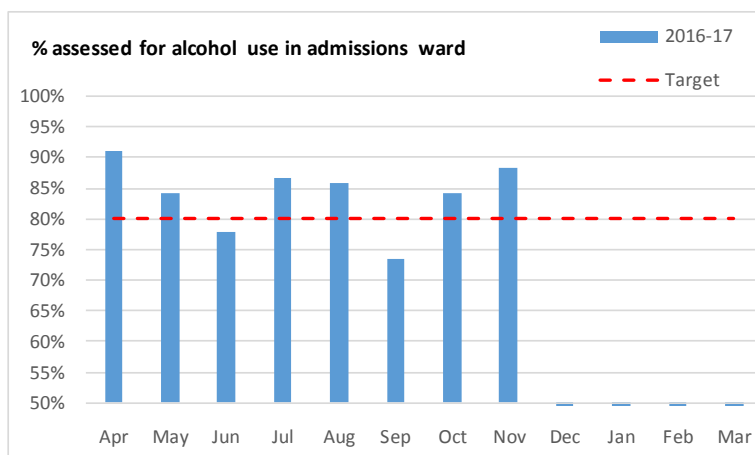
- The monitoring of our consumption of 3 key antibiotics per 1,000 admissions is not reportable for the CQUIN until Q4. Monitoring the standard ahead of submission, shows that we are still ahead of the target. (see graphs below).
- We have exceeded the target of 25% for antibiotic prescriptions (from sample) reviewed within 72 hours'.



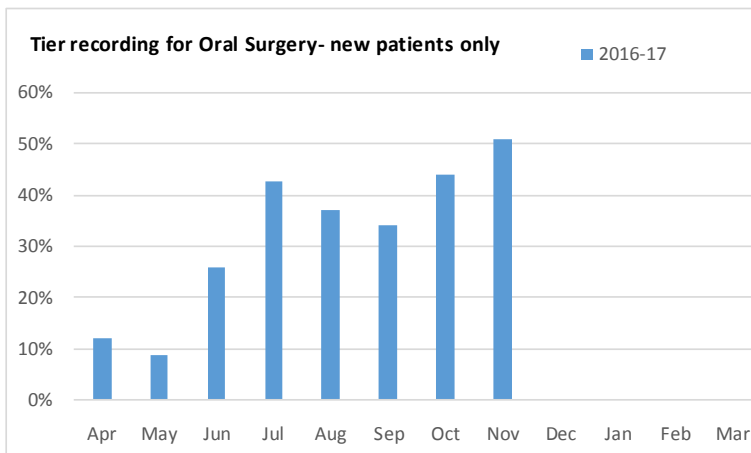
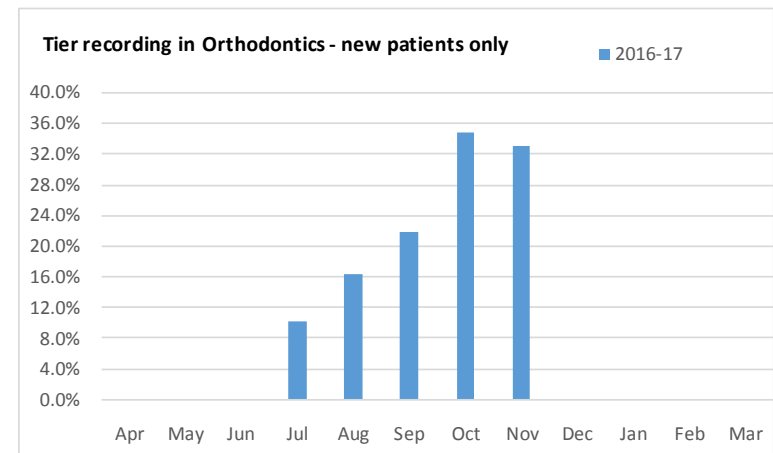
- The Prevention CQUIN is the promotion of mental and physical health and wellbeing for patients and staff. It involves the development of the skills in key frontline staff to make every contact count. The areas of focus for this CQUIN are smoking and alcohol assessments for patients, with signposting and brief intervention.
- We are exceeding and meeting the target for the percentage of patients assessed for smoking in all areas, which are evident in the graphs below.



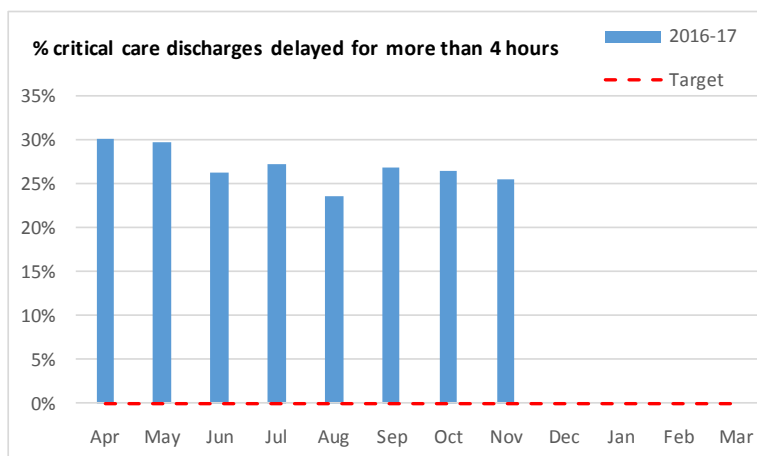
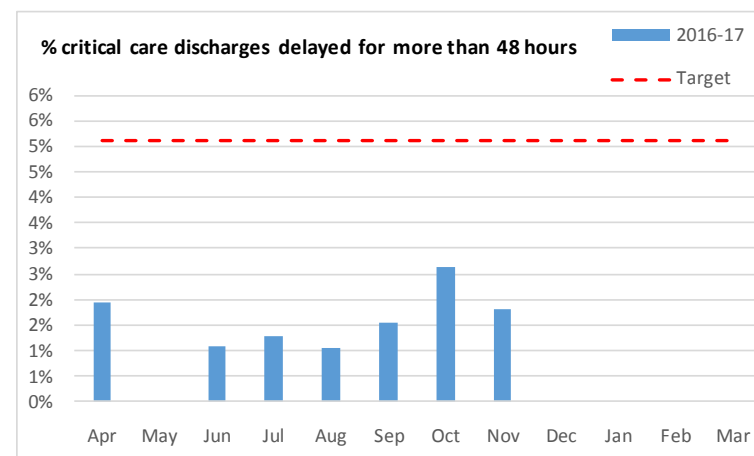
- Across the Trust we have consistently met the smoking target (Top left graph), with monthly improvements.
- The prevention CQUIN also requires us to report on number of NRT and Varenicline prescriptions (Outpatients and Inpatients), which has increased since September.
- The percentage assessed for alcohol used in admissions wards has increased in November and exceeded the 80% target.



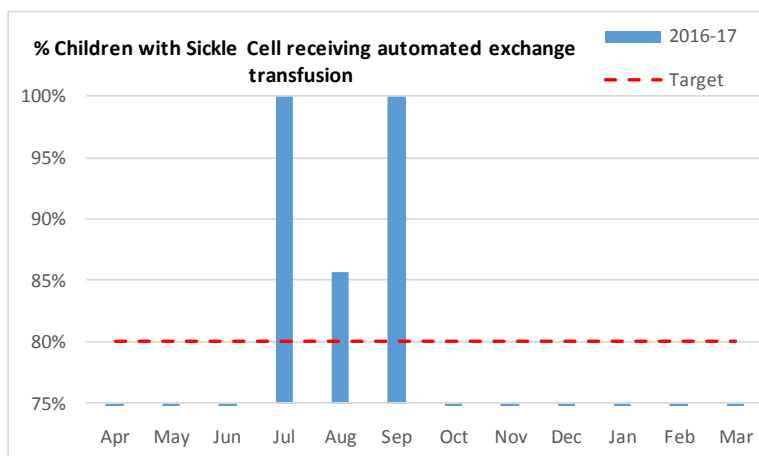
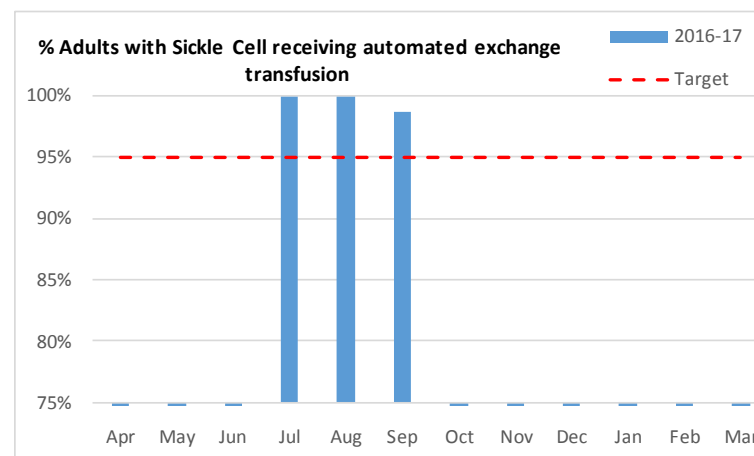
- The CQUIN for dental is related to tier recording on patients referred for Oral Surgery. The Tier system reviews complexity of referral and as you can see percentage of Tier recording has improved substantially in Q1.
- We achieved against the target for Q2 which was 35% and continues to increase in performance in November.



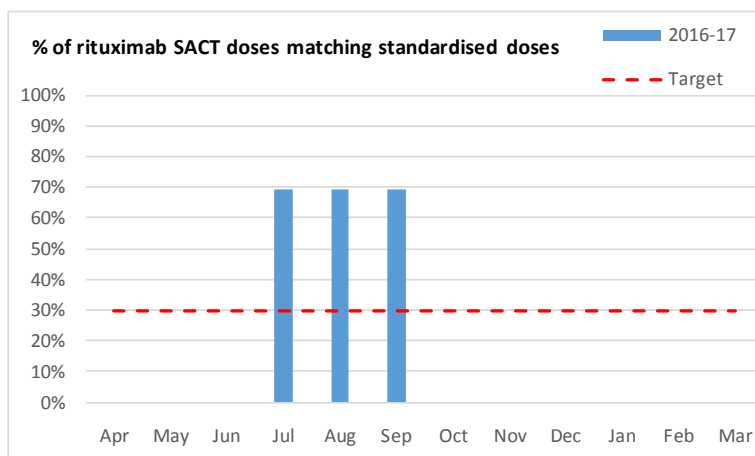
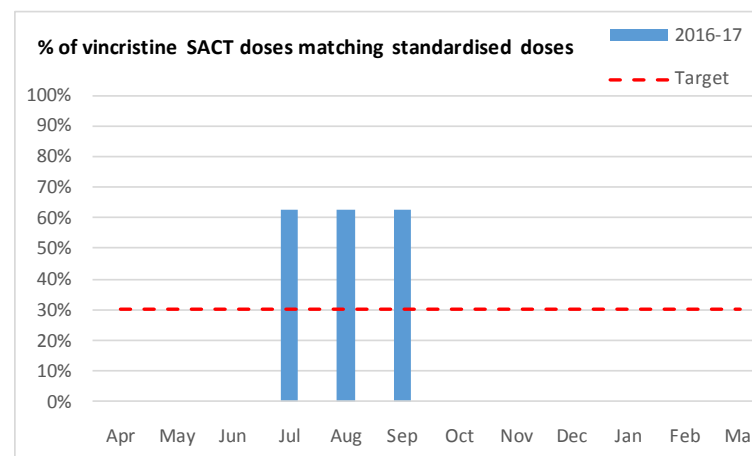
- The Critical Care CQUIN is specifically focused on delayed discharges from Critical Care and delays over 4 hours and 48 hours are both monitored.
- Although Critical Care is a risk area for the Trust in 2016/17, due to limitation in beds and this CQUIN has encouraged further improvement work to reduce the delays in both 4 hours and more than 48 hours.
- There is no target for critical care delays more than 4 hours, but the CQUIN still requires for this data to be monitored on a monthly basis. A reduction in percentage of delays discharges can be seen from April.
- We are below and therefore achieving against the target for “% critical care discharges delayed for more than 48 hours”.



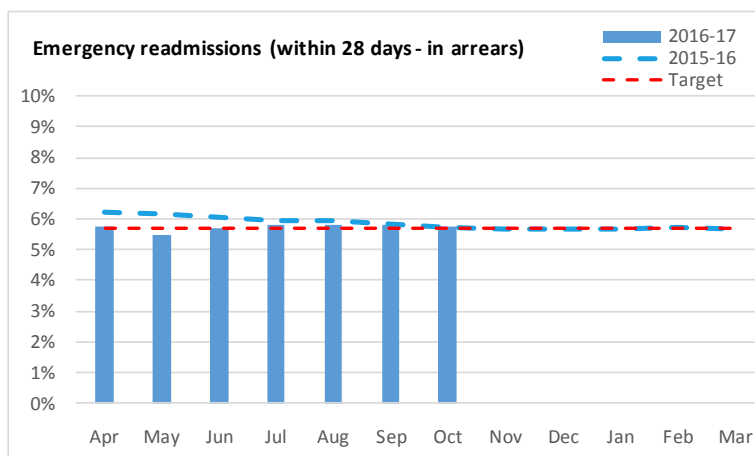
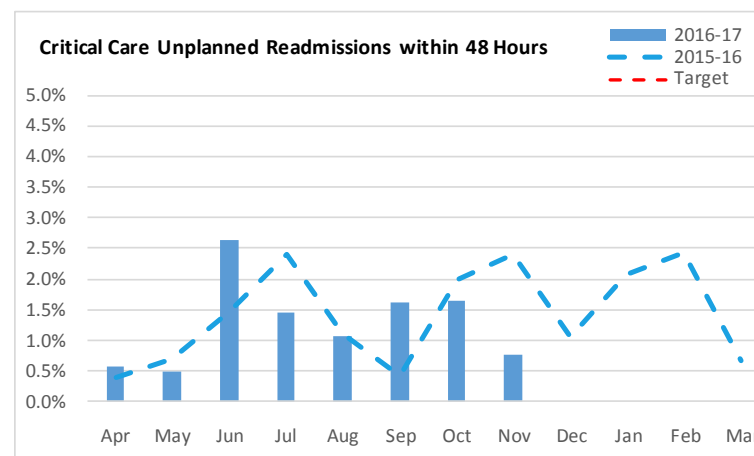
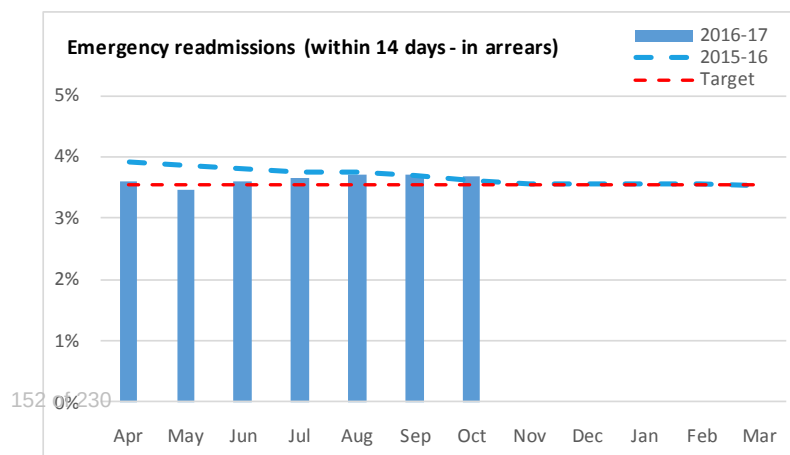
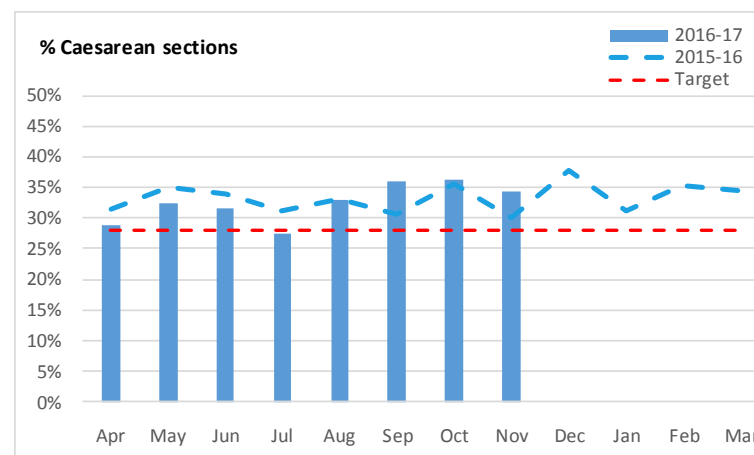
- Automated exchange transfusion for sickle cell improves patient experience and use of clinical resources and this CQUIN has been developed to incentivise this over manual exchange for both adults and children.
- We are exceeding against the target with this CQUIN for both Adults and Children, which is evident in the graphs below.



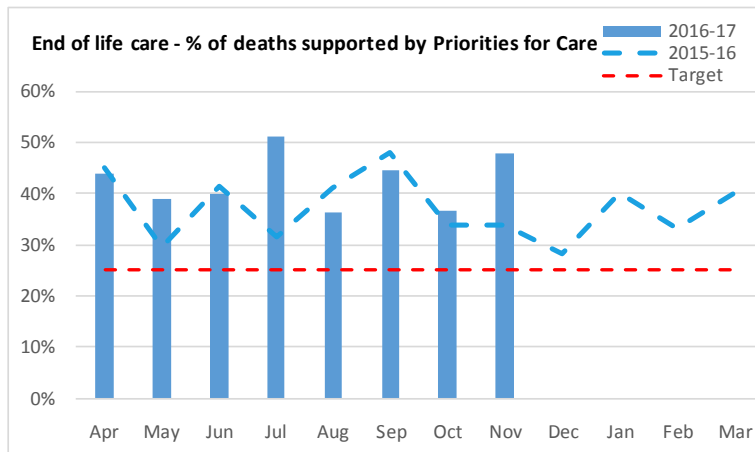
- This CQUIN is a national incentive to standardise the doses of Intravenous systemic anticancer therapy (SACT), for adults across England. The purpose is to increase safety, efficiency and support parity of care across NHS providers. NHS England realised a set of dose banding principles and dosage tables to which all pharmacy departments have to apply to new patients. All the dose banding principles have to be agreed with my local Drug and Therapeutic committees.
- The CQUIN is monitored on a quarterly basis for two drugs (Rituximab and Vincristine), which we are exceeding the targets for both of these drugs. The data is assessed and submitted on a quarterly basis.



- Readmission rates vary depending on the clinical service and by patient group. There is an Outcomes group to review the data and look for any trends as well as a handover group to focus on improving the quality of discharge of patients from hospital and will take action if required.
- The caesarean section rate is slightly lower than target and shows a higher level to last year in November. This reflects the case-mix of mothers who deliver at St Thomas'. In order to reduce the overall number of caesarean sections within the Trust we have introduced measures to review the appropriateness of emergency caesarean sections, as well as to reduce the number of repeat caesarean sections.
- Unplanned readmissions to critical care is lower than last year. Patients were prioritised according to clinical need for a HDU bed. Those patients who were discharged to a lower acuity ward area were supported by the Critical Care Outreach Team. Rapid return to critical care was facilitated when necessary.

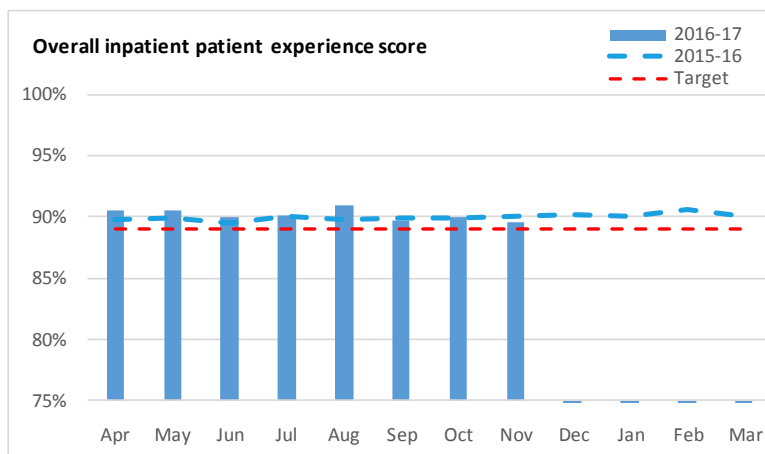
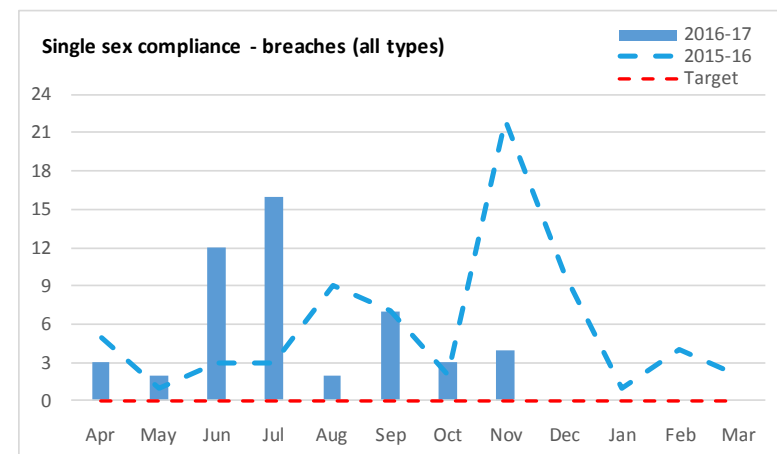
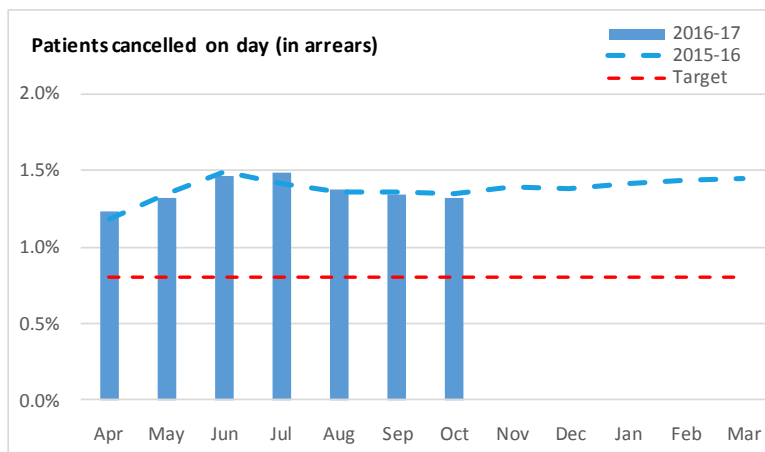
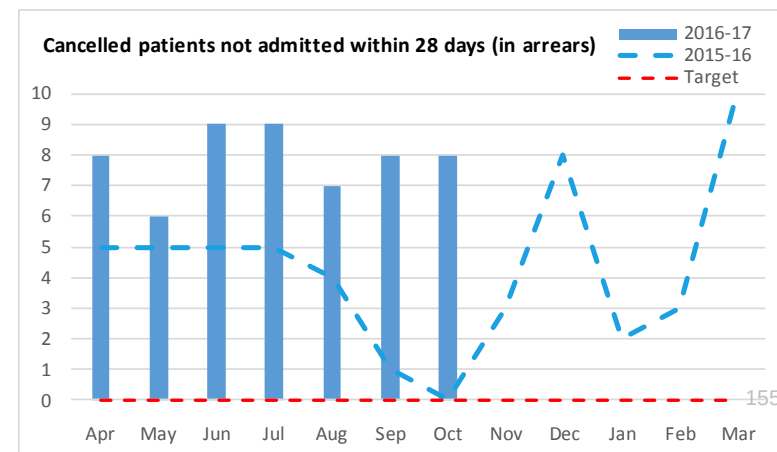


- The proportion of deaths supported by the Priorities for Care of the Dying Person indicates good levels of recognition by ward teams when patients are deteriorating and approaching the last days of life.
- We continue to pilot, as part of our participation in the national Building on the Best programme, a symptom control observation chart and nursing care planning guide for patients in the last days of life.

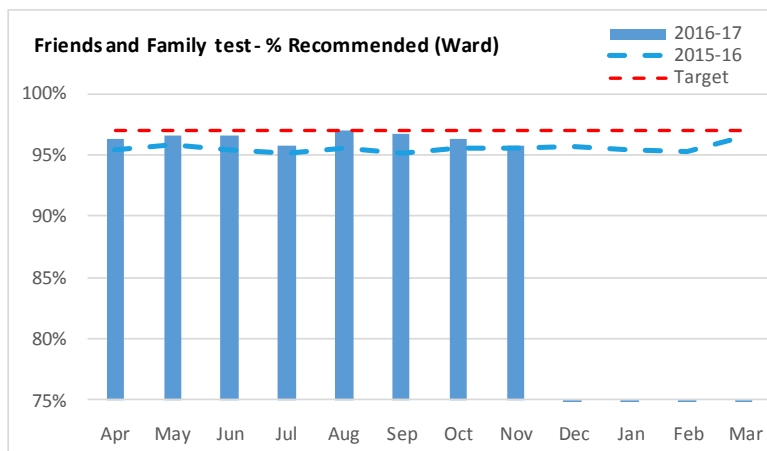
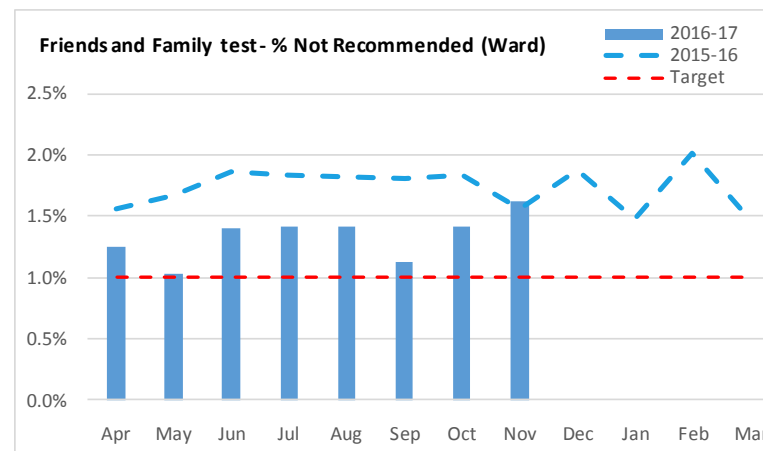
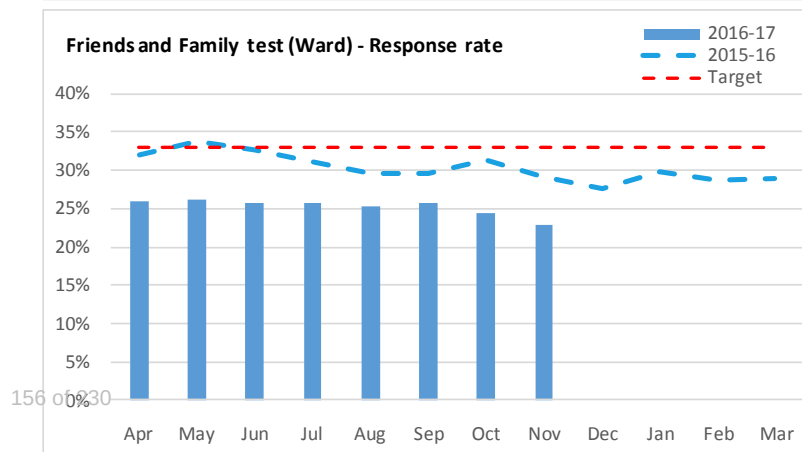


Theme	Ref	Indicator	Units	Target	R	G	Prior year	Sep	Oct	Nov	YTD avg	Monitor	Quality priorities	Trend chart
3.1 Admitted care	258	Overall inpatient patient experience score	Mthly %	>89%			90%	89.7%	90.0%	89.6%	90.2%			Y
	310	Single sex compliance - breaches (all types)	Cases	Zero			5.8	7	3	4	6.1			Y
	501	Patients cancelled on day (in arrears)	Cum %	<0.8%			1.4%	1.3%	1.3%		1.4%			Y
	502	Cancelled patients not admitted within 28 days (in arrears)	Number	Zero			3.4	8	8		7.9			Y
	FFT1W	Friends and Family test (Ward) - Response rate	Mthly %	>=33%			30.4%	25.8%	24.4%	22.8%	25.2%			Y
	FFT2W	Friends and Family test - % Recommended (Ward)	Mthly %	>=97%			95.5%	96.7%	96.2%	95.8%	96.4%			Y
	FFT3W	Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%			1.7%	1.1%	1.4%	1.6%	1.3%			Y
3.2 A&E care	FFT1AE	Friends and family test (A&E) - Response rate	Mthly %	>=18%			15.6%	13.7%	12.5%	13.8%	14.4%			Y
	FFT2AE	Friends and Family test - % Recommended (A&E)	Mthly %	>=88%			85.0%	84.5%	83.5%	83.7%	84.7%			Y
	FFT3AE	Friends and Family test - % Not Recommended (A&E)	Mthly %	<=6%			8.1%	7.8%	8.6%	8.8%	7.4%			Y
3.3 Maternity care	FFT1M	Friends and Family test (Maternity) - Response rate overall	Mthly %	-			18.1%	32.8%	18.3%	23.5%	29.2%			Y
	FFT2M	Friends and Family test - % Recommended (Maternity)	Mthly %	-			92.6%	92.4%	91.5%	89.4%	91.2%			Y
	FFT3M	Friends and Family test - % Not Recommended (Maternity)	Mthly %	-			2.1%	3.9%	3.4%	3.3%	3.0%			Y
3.4 Outpatient care	FFT2OP	Friends and Family test - % Recommended (Outpatients)	Mthly %	-			92.6%	92.2%	92.8%	93.5%	93.0%			Y
	FFT3OP	Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-			3.4%	3.6%	3.5%	3.0%	3.2%			Y
3.5 Community care	FFT1CS	Friends and Family test (Community) - Response rate	Mthly %	-			5.4%	3.8%	4.6%	4.9%	4.9%			Y
	FFT2CS	Friends and Family test - % Recommended (Community)	Mthly %	-			96.0%	95.9%	94.8%	96.0%	95.4%			Y
	FFT3CS	Friends and Family test - % Not Recommended (Community)	Mthly %	-			0.8%	0.9%	0.7%	0.0%	0.6%			Y
	260C	Adult community health centre patient experience score	Mthly %	>89%			93.9%	94.3%	94.0%		82.3%			Y
3.6 Patient Transport	FFT1PT	Friends and Family test (Transport) - Response rate	Mthly %	-			2.5%	1.9%	2.4%	3.5%	2.3%			Y
	FFT2PT	Friends and Family test - % Recommended (Transport)	Mthly %	-			91.9%	90.7%	92.7%	91.7%	93.3%			Y
	FFT3PT	Friends and Family test - % Not Recommended (Transport)	Mthly %	-			3.0%	3.6%	2.9%	2.5%	1.9%			Y
3.7 General patient and	Food	Satisfaction with food (PLACE)	Mthly %	>85%			92%	91.8%	91.8%	91.8%	92.2%			Y

- Cancellations have increased in proportion to our increased levels of activity, so work to reduce cancellations is a key focus of the Fit for the Future work-stream that supports theatre productivity. We have also seen an increase in the number of patients not being rebooked within 28 days compared to last year. Although numbers are small we know that some are the result of patient's choosing later dates as well as consultant specific procedures that cannot be booked within the time limit.
- During November the Trust experienced very high levels of activity which presented challenges regarding capacity. There were particular challenges within Cardiology with managing step down of some patients.
- Patient experience scores continue to reflect well on inpatient care, with an overall satisfaction rate of 89.6%. This is similar to the September score of 89.7% and a slight decrease on the October score of 90.0%.



- Having reviewed the previous years data on inpatients and day case/surgery as a new area of care, the Trust has set itself a combined response rate of 30% for 2016-17. In November we achieved a response rate of 22.8% which is a decrease on the October figure of 24.4%. The proportion of day case patients who answered the FFT question continues its upward trend, however the response rate remains lower than that for inpatients. In part this may also be due to the switch over to a new feedback system at the end of November. The Patient Experience Team are reviewing the data in detail to establish trends and themes in feedback and have contacted teams who may need additional support in capturing responses.
- The proportion of patients who would recommend the Trust in November figure has fallen slightly from the October figure of 96.2% to 95.8%. The percentage of patients who would not make a recommendation has increased slightly from 1.4% in October to 1.6% in November.
- All responses have been reviewed and feedback to areas has been given so that actions can be taken to both improve response rates and patients' experience.
- The briefing on page 31 provides further analysis and detail of actions underway.



Where we want to be: targets and benchmarks

- Work towards achieving a 33% response rate
- Increase our FFT score/proportion of patients who would recommend us to 97%
- Improve our response rate and the proportion of patients who would recommend the Trust when compared with Shelford Peers

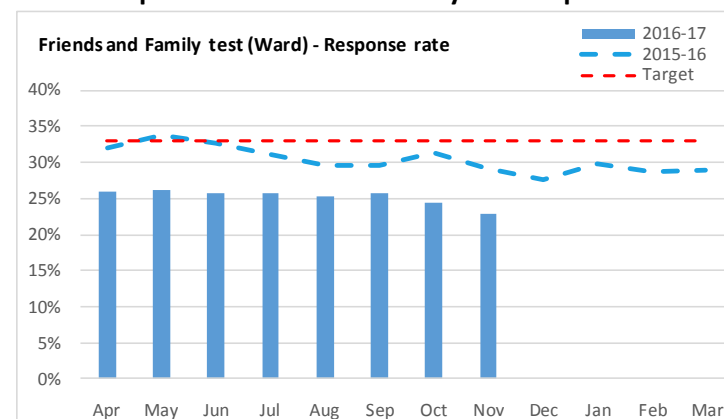
Where we are: trends, patterns and causes

- The response rate fell from 24.4% in October to 22.8% in November.
- A small number of wards and day case areas have response rates of below 20%. Wards with very low response rates have been contacted and reminded of response rate targets. This may also be due in part to the impact of the switch over to a new patient feedback system at the end of November. In December and January teams will be contacted to ensure all ipads are working and if further support with or training on the new system is required.
- A more detailed review of the data has shown that response rates for day case areas are slightly lower than the wards, although this is gradually improving.
- A review of comments made by patients completing the inpatient survey has shown that noise at night continues to disrupt many patients sleep and a number of patients have commented that the beds are uncomfortable. These issues will be explored and addressed via the Environmental Sub-Group of the Nightingale Project.
- In October our response rate placed us in the upper third of the Shelford Group, whilst our "recommend" scores placed us in the mid-range and "not recommend" scores were in the upper half of the group. Our scores are in line with national and London average.
- The proportion of patients who would recommend us has remained consistent at above 95%.

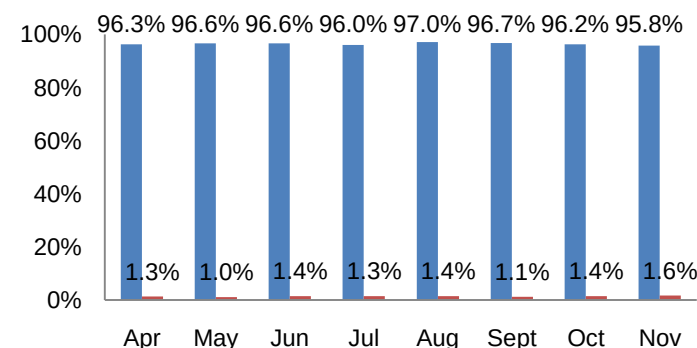
Risks or opportunities for the Trust

- It is important to ensure that we continue to capture patients' feedback and that it is used to further improve the experience of patients staying on our wards
- The proportion of patients who would recommend our care and proportion of those who would not recommend our care places us in the lower third of the Shelford Group

Trend – Inpatient Friends and Family Test response rate



Trend –2016 Inpatient Friends and Family Test percentage Recommend v. Not recommend

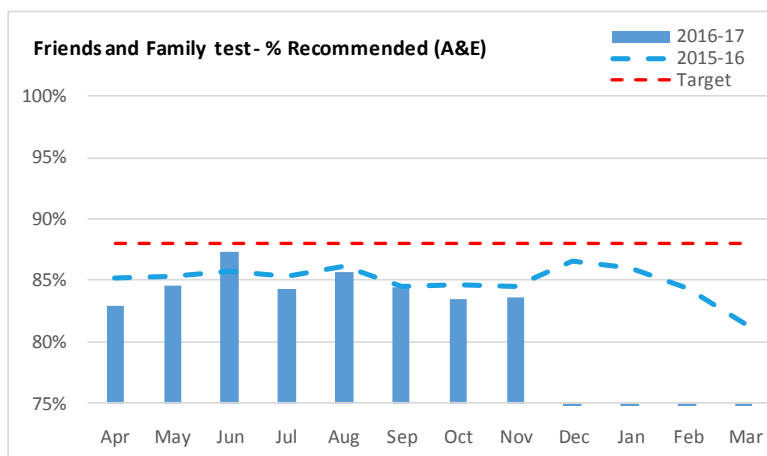
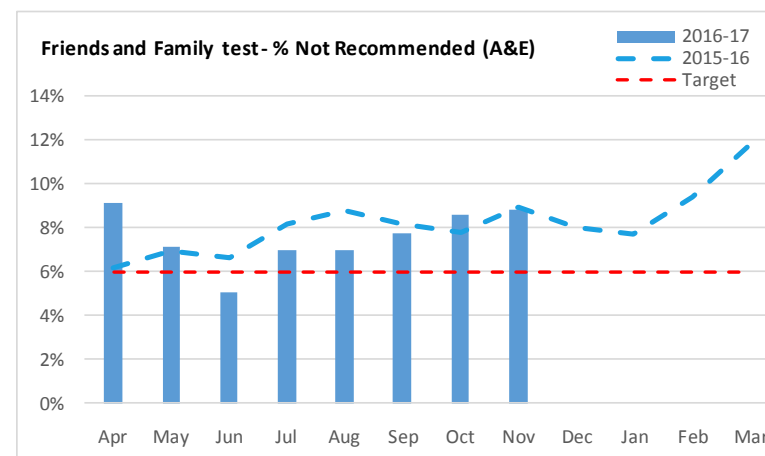
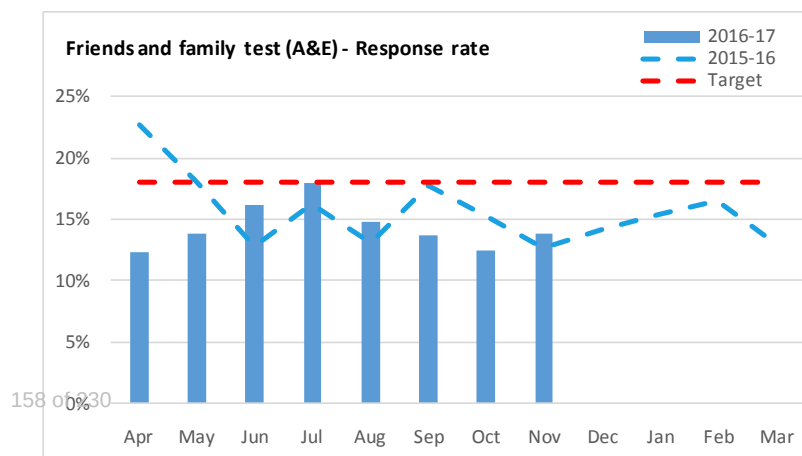


Comparator – Shelford Group

Shelford Group	October		Response Rate
	Recommend %	Not recommend %	
Trust/Month			October
National Score for England	95%	2%	24.1%
London region score	95%	2%	25.1%
Guy's and St Thomas' NHS Foundation Trust	96%	1%	24.4%
University College London Hospitals NHS Foundation Trust	94%	2%	12.0%
Newcastle-Upon-Tyne Hospitals NHS Foundation Trust	97%	1%	14.5%
Sheffield Teaching Hospitals NHS Foundation Trust	96%	2%	30.8%
University Hospitals Birmingham NHS Foundation Trust	98%	2%	19.0%
Oxford University Hospitals NHS Trust	96%	2%	37.5%
King's College Hospital NHS Foundation Trust	93%	2%	10.9%
Cambridge University Hospitals NHS Foundation Trust	96%	1%	8.4%
Imperial College Healthcare NHS Trust	97%	1%	30.4%
Central Manchester University Hospitals NHS Foundation Trust	95%	1%	13.8%

Action and progress			Owner	Next review date
Free text comments highlighting areas of concern for patients have been identified. Improvements regarding environment aspects will be taken forward via the Environmental Sub-Group of the Nightingale Project			Environmental Sub-Group of the Nightingale Project	March 2016
Wards with very low response rates have been contacted, reminded of response rates and invited to contact the Patient Experience should they need further support.			S. Allen & Directors of Nursing	January 2016
Explore what support wards may need to increase data capture and support with new patient feedback system			Patient Experience Team	Ongoing
Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

- The A&E Friends and Family Test (FFT) has been extended to include patients attending our Minor Injuries Unit at Guy's Hospital.
- Having reviewed local and national data for 2015-16 the Trust has set itself a target response rate of 16% for 2016-17. The response rate for A&E increased from 12.5% in October to 13.8% in November. The department continues to be very busy. The team is continuing to take measures to increase the numbers of responses in the coming months and a dedicated member of staff is now in post to help capture feedback from patients.
- The proportion of patients who would recommend the service has increased slightly from 83.5% in October to 83.7% in November. The proportion of patients who said they would not recommend the service has increased from 8.6% in October to 8.8% in November. Communication is cited by an increasing proportion of patients as a reason not to recommend the service. The team are reviewing themes from feedback to identify actions which can be put in place to improve patients experience.
- The briefing on page 33 provides further analysis and detail of actions underway.



Where we wanted to be: targets and benchmarks

- Work towards achieving a 18% response rate
- Increase our FFT score/proportion of patients who would recommend us to 88%
- Improve our response rate and the proportion of patients who would recommend the Trust when compared with Shelford Peers

Where we are: trends, patterns and causes

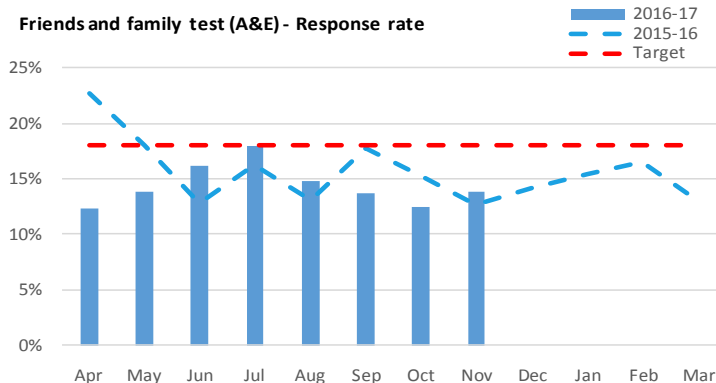
- The response rate increased from 12.5% in October to 13.8% in November
- The proportion of patients who would recommend us has increased slightly from 83.5% in October to 83.7% in November. The proportion of patients who would not recommend us has worsened rising from 8.6% in October to 8.8% in November.
- The service has been extremely busy in throughout the Autumn with record numbers of patients attending the department and the programme to redevelop the Emergency Floor continues. These factors are likely to have had an impact on patient experience. A review of comments made by patients has cited issues regarding communication by staff in particular in relation to waiting times and explanations of aspects of care as areas for improvement.

Risks or opportunities for the Trust

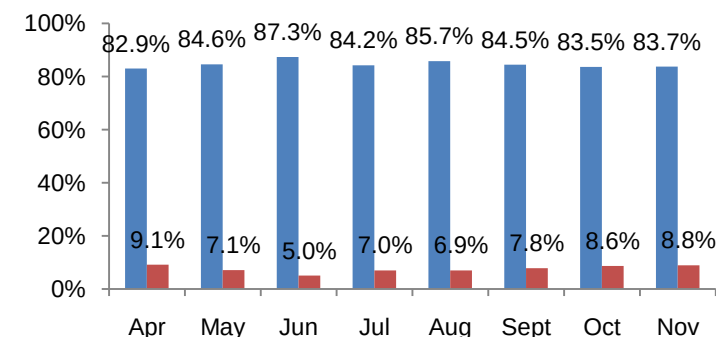
- Feedback captured from patients can be used to improve the service and inform the on-going development of the Emergency Floor and associated pathways.
- In October our response rate, our recommend and not recommend scores were in the lower half of the Shelford Group.

Action and progress	Owner	Next review date
Signs giving current waiting times are now displayed in the department. Work is underway to ensure that these are regularly updated and the same waiting times are displayed through out the department.	ED Team	Ongoing weekly review
Development of patient facing dashboard so that patients can receive updates on waiting times in real time. The board should be developed during January 2017.	ED IT lead	Feb 2017
The team is planning a focused session on FFT themes and trends at their next clinical governance meeting to identify actions for the team to take forward	H. Todman & ED Team	Feb 2017
The team introduced a tea-trolley in the UCC at STH to improve patient experience and also hand out response cards.	H. Todman	Ongoing monthly review
Intelligence triangulated	Root cause understood	Action plan set
Actions underway	Actions complete	

Trend – A&E Friends and Family Test response rate



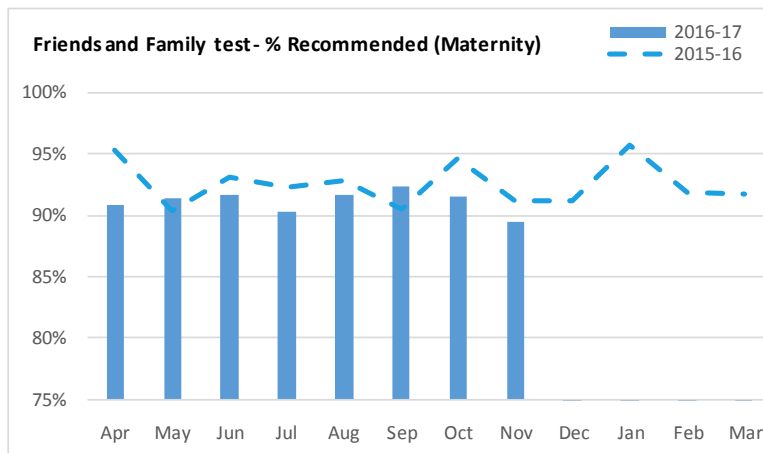
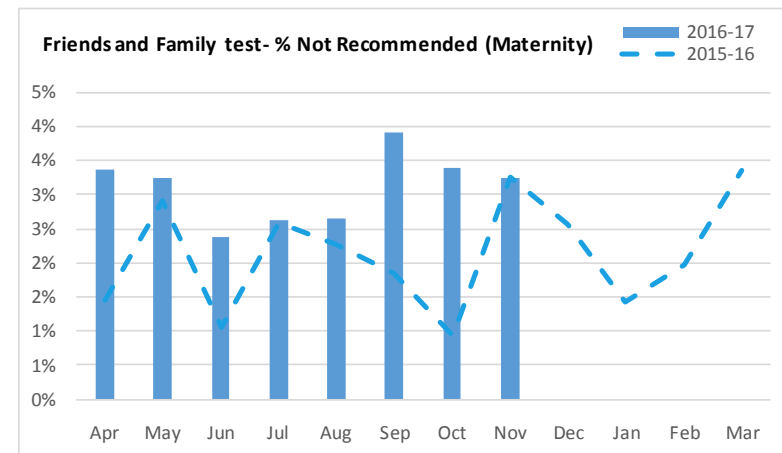
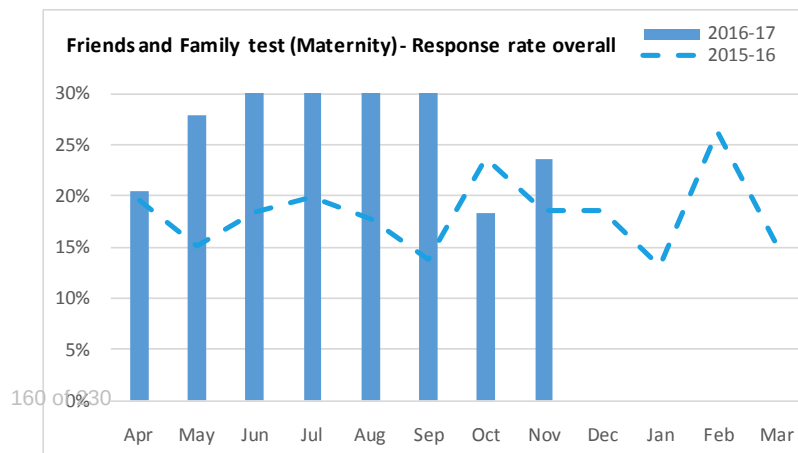
Trend – A&E Friends and Family Test percentage Recommend v. Not recommend



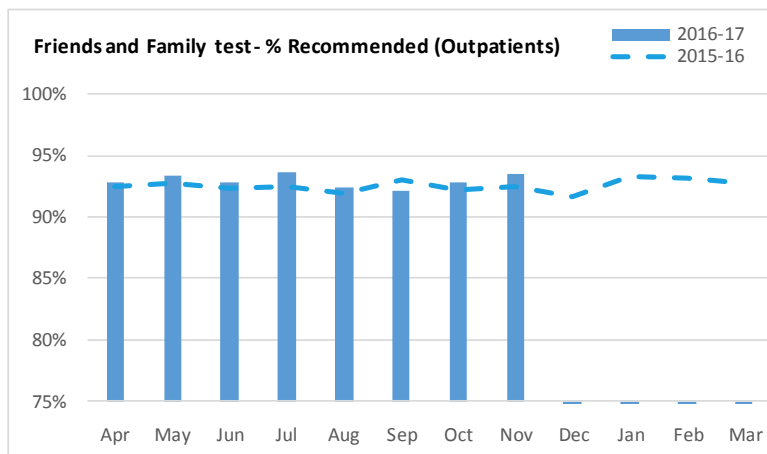
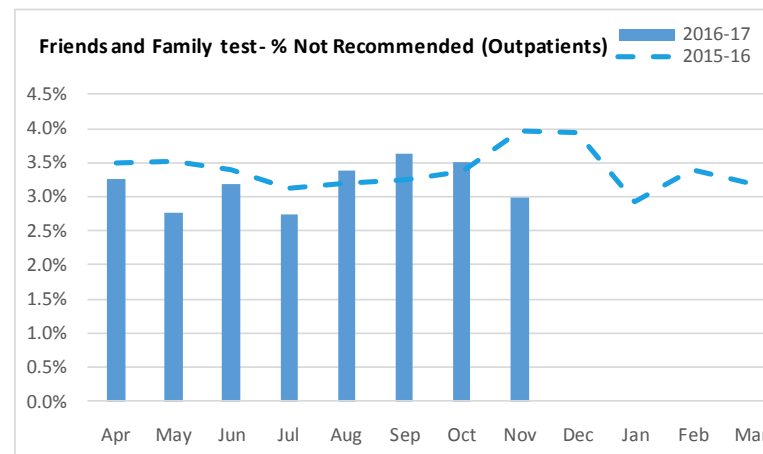
Comparator – Shelford Group

Shelford Group	October		Response Rate
	Recommend %	Not recommend %	October
Trust/Month			A&E
National Score for England	86.0%	8.0%	12.8%
London region score	86.0%	7.0%	13.5%
Guy's and St Thomas' NHS Foundation Trust	84.0%	9.0%	12.5%
University College London Hospitals NHS Foundation Trust	94.0%	3.0%	20.1%
Cambridge University Hospitals NHS Foundation Trust	92.0%	4.0%	22.3%
Newcastle-Upon-Tyne Hospitals NHS Foundation Trust	92.0%	5.0%	2.2%
Central Manchester University Hospitals NHS Foundation Trust	82.0%	11.0%	6.3%
Oxford University Hospitals NHS Trust	78.0%	15.0%	23.3%
Imperial College Healthcare NHS Trust	93.0%	3.0%	17.1%
University Hospitals Birmingham NHS Foundation Trust	81.0%	12.0%	16.2%
King's College Hospital NHS Foundation Trust	93.0%	3.0%	6.2%
Sheffield Teaching Hospitals NHS Foundation Trust	83.0%	10.0%	21.8%

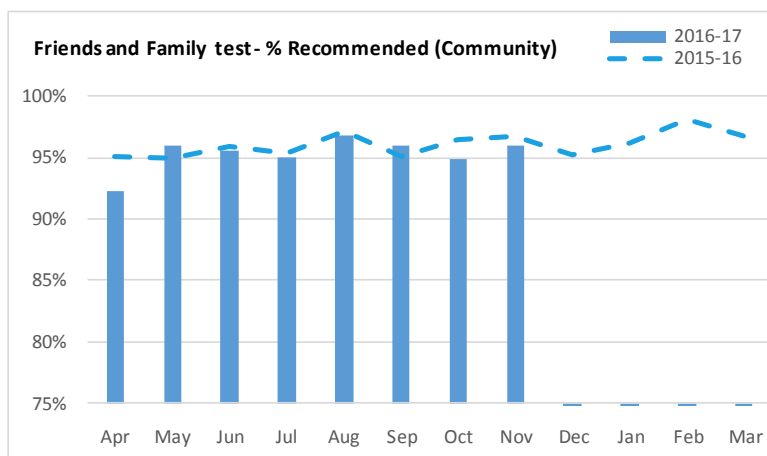
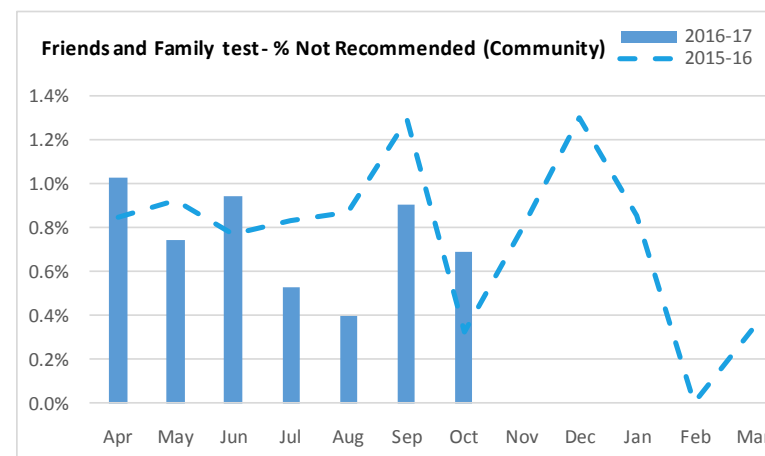
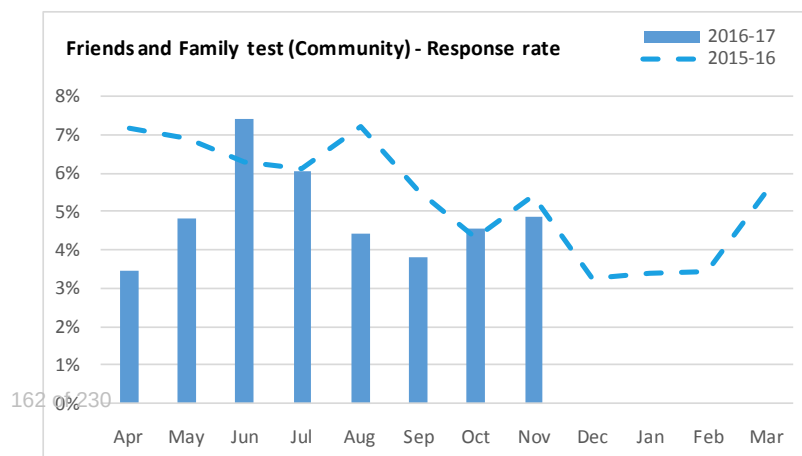
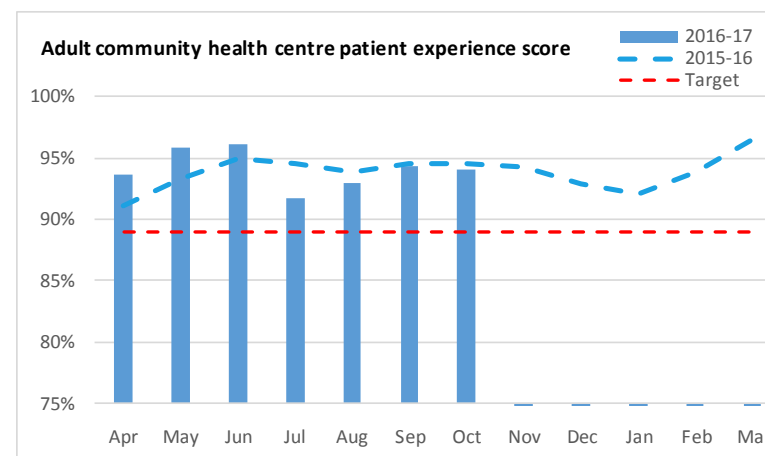
- Having reviewed local and national data for 2015-16 the Trust has set itself a target response rate of 20% for 2016-17. The overall response rate for the Friends and Family Test for maternity services increased from 18.3% in October to 23.5% in November. The team continues to encourage colleagues to invite feedback from women before and after the birth of their baby and there has been a significant increase in responses from women at the postnatal community touch point compared with September.
- The proportion of women who would recommend the service dipped slightly in November, falling from 91.5% in October to 89.4% in November. The proportion of women who said they would not recommend the service has continued to improve falling from 3.4% in October to 3.3% in November. The team regularly review comments and use the emerging themes to identify actions for improvement.



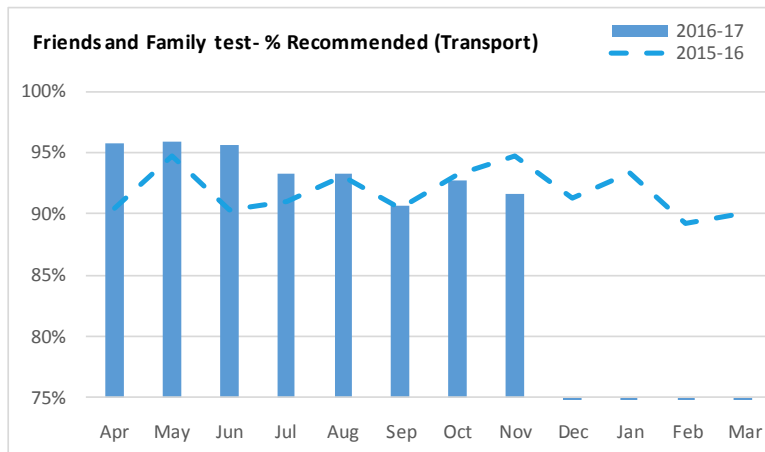
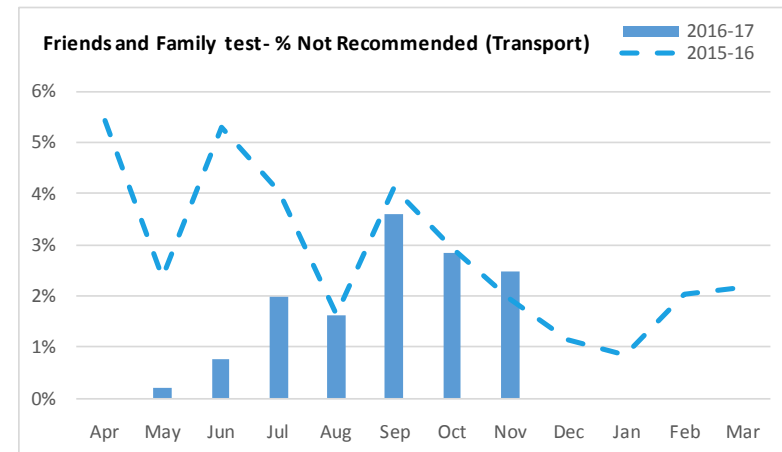
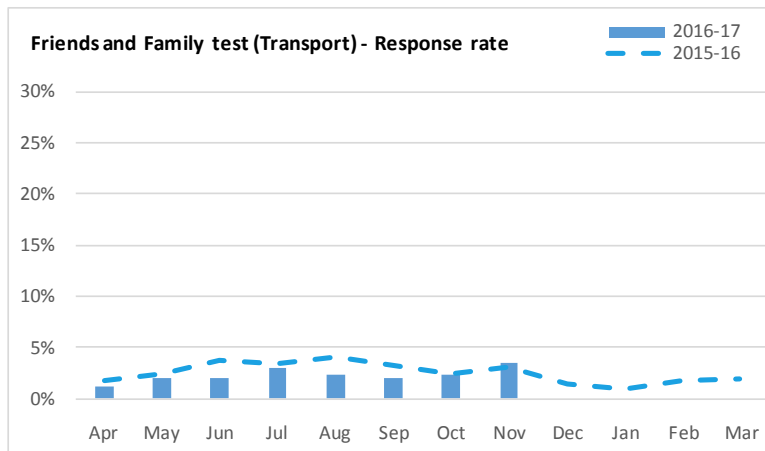
- We have reviewed local and national 2015-16 data and have set a response rate target of 7%.
- The proportion of outpatients who would recommend the Trust was 93.0% which is a slight increase on the October figure of 92.8%. The proportion of patients who would not recommend the Trust in November was 3.0% and improvement on the October figure of 3.5%.
- As part of the Fit for the Future outpatient work stream, directorates are improving communication with patients regarding their appointments through text messaging, where it is not currently in use and introducing a system for booking follow ups. "Partial booking" of follow up appointments allows patients to be involved in the choice of appointment date and time. As well as improving patient experience, these initiatives are also aimed at reducing non-attendance rates.
- This work stream is also looking at alternative pathways for outpatients to reduce unnecessary visits to the hospital. By reviewing discharge criteria, introducing more telephone appointments, and introducing more one-stop visits (where the consultation appointment and any associated diagnostic tests occur on the same day). Through improving patient experience some of these initiatives will improve new to follow-up ratios.



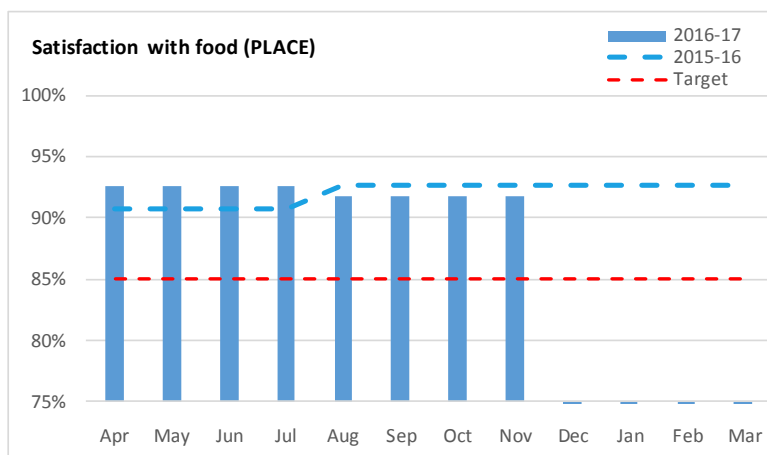
- We have reviewed 2015-16 local and national data and set a response rate target of 7%.
- In November the response rate improved slightly from the October figure of 4.6% to 4.9%. The number of responses from community nursing, children and family services increased substantially this month.
- The proportion of patients who would recommend community-based services has increased from 94.8% in October to 96.0% in November. The proportion of patients who would not recommend services continues to improve falling from 0.7% in October to 0.0% in November.
- The overall patient satisfaction score of 94% is similar to the October score of 94.3%.



- The proportion of patients recommending the transport dipped slightly this month falling from 92.7% in October to 91.7% in November. The not recommend score has continued to improve falling from 2.9% in October to 2.5% in November.
- The response rate has increased from 2.4% in October to 3.5% in November.



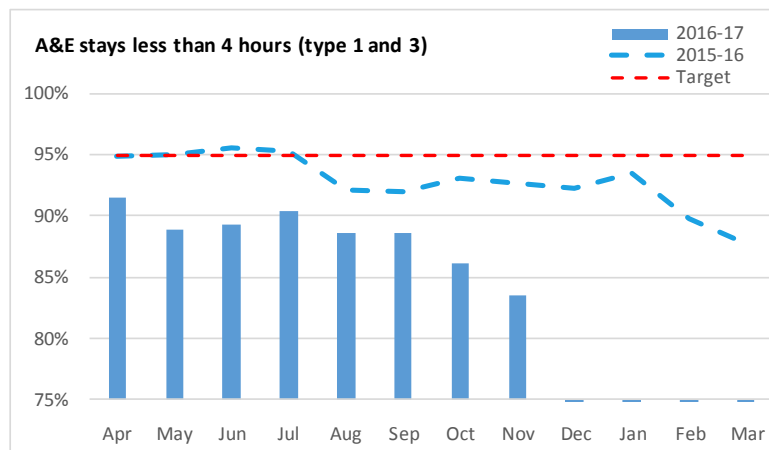
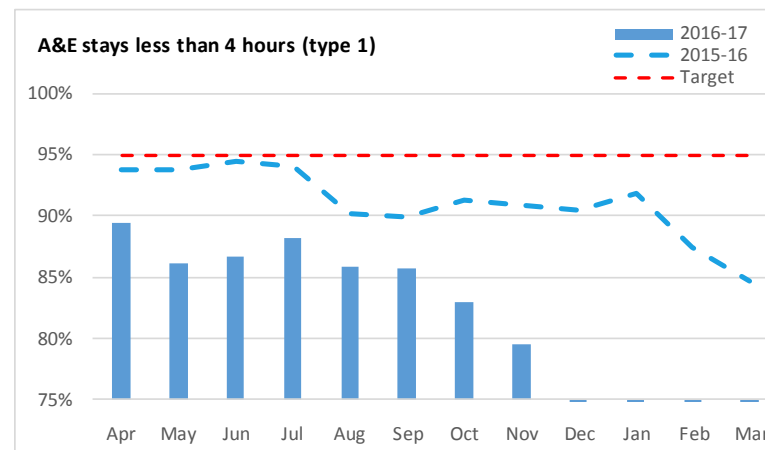
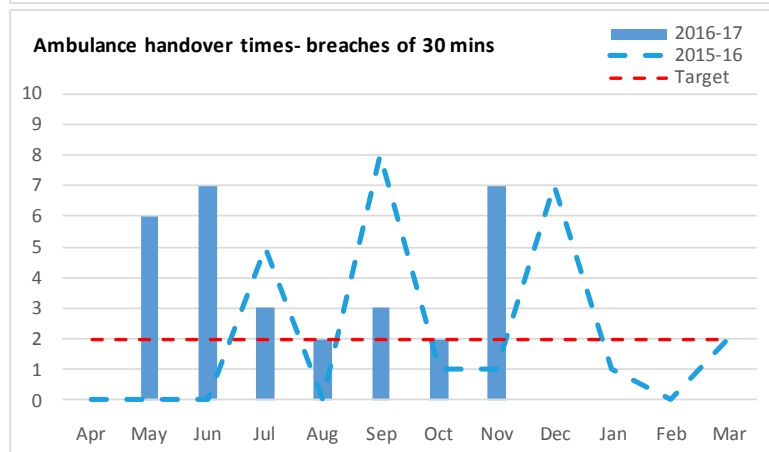
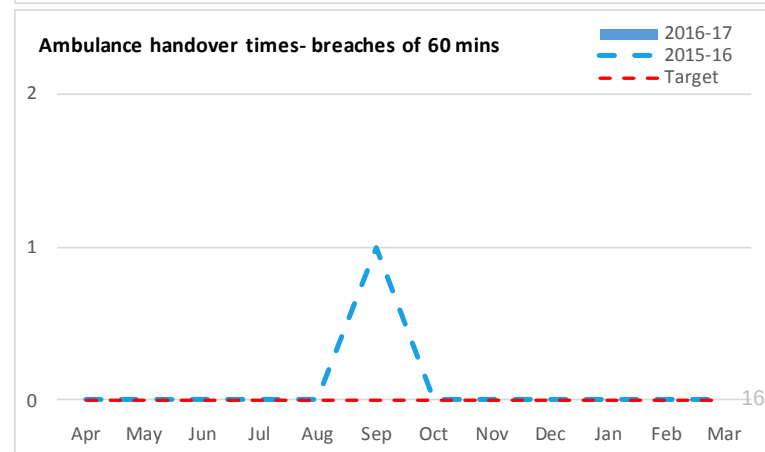
- The Trust has scored strongly for the quality of its catering as reflected in the National Inpatient Survey 2015, published by the Care Quality Commission (CQC). The Trust's catering scores exceed those of other London Trusts.
- The catering team continue to work closely with both Nursing and Dietetic staff to consolidate and introduce further quality improvements, and the Trust is working towards full compliance with the Hospitals Food Standards Report.
- Data in development for 2016/17.



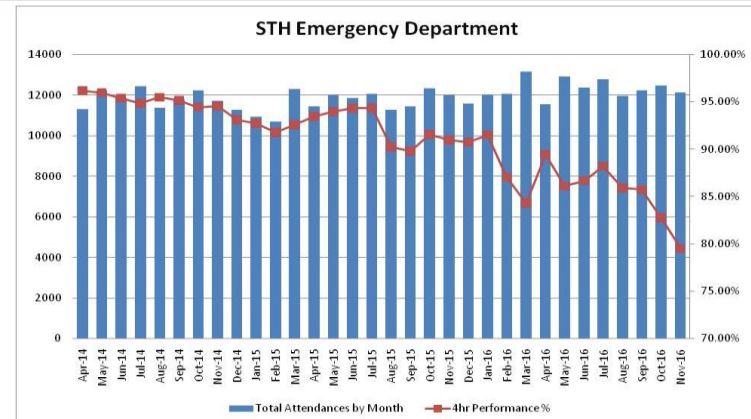
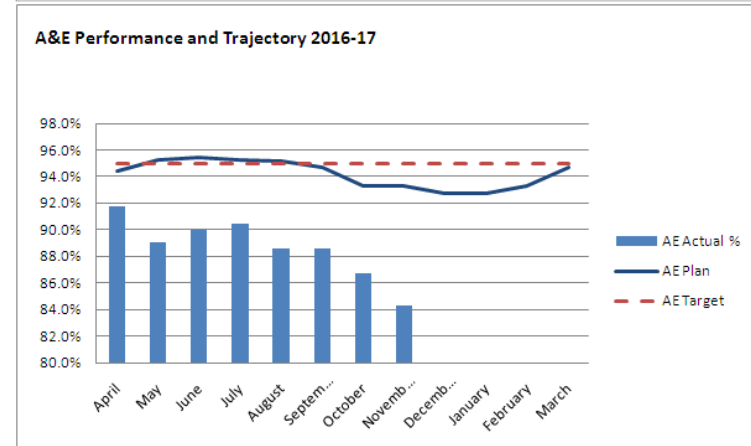
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Sep	Oct	Nov	YTD avg	Monitor Quality priorities	Trend chart
4.1 A&E access	AE1	A&E stays less than 4 hours (type 1 and 3)	Mthly %	>95%			92.8%	88.6%	86.2%	83.5%	88.3%		Y
	AE1STH	A&E stays less than 4 hours (type 1)	Mthly %	>95%			91.0%	85.7%	82.9%	79.5%	85.5%		Y
	AE30	Ambulance handover times - breaches of 30 mins	Number	<3			2.1	3	2	7	3.8		Y
	AE60	Ambulance handover times - breaches of 60 mins	Number	Zero			0.1	0	0	0	0.0		Y
4.2 Elective treatment access - referral to treatment (RTT) performance	403M	RTT - Incomplete pathways < 18 weeks (unadjusted)	Mthly %	>92%			92.3%	89.5%	89.6%	89.9%	91.0%		Y
	RTT 52I	RTT - Incomplete pathways over 52 weeks	Mthly	Zero			7.9	20	26	18	17.9		Y
	RTT TQ	RTT - Total incomplete pathways	Mthly	-			47,493	58,887	59,045	58,112	56,441		Y
	RTT 18Q	RTT - Incomplete pathways over 18 weeks	Mthly	-			3,671	6,171	6,113	5,898	5,110		Y
	401M	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%			93.2%	89.6%	89.5%	88.6%	90.8%		Y
	402M	RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%			83.7%	79.5%	77.1%	79.6%	81.3%		Y
	RTT 52	RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero			7.1	17	16	26	12.6		Y
4.3 Cancer access	451M	Cancer - 2 week wait	Qty%	>93%			92.8%	88.5%	90.2%	92.0%	90.1%		Y
	941	Cancer - breast symptomatic referrals <2 wks	Qty %	>93%			95.0%	91.8%	90.1%	91.7%	89.8%		Y
	453M	Cancer - 31 day first treatments	Qty%	>96%			94.4%	96.4%	94.4%	94.7%	95.4%		Y
	459M	Cancer - 31 day subs treatments - surgical	Qty%	>94%			91.5%	93.7%	94.8%	91.2%	90.9%		Y
	943	Cancer - secondary chemotherapy <31 days	Qty %	>98%			98.7%	97.4%	98.0%	94.8%	97.6%		Y
	942	Cancer - secondary radiotherapy <31 days	Qty %	>94%			96.0%	93.8%	94.6%	96.3%	95.0%		Y
	454M	Cancer - 62 day urgent GP referrals	Qty %	>85%			69.8%	62.6%	64.3%	69.2%	67.5%		Y
		Cancer - 62 day urgent GP referrals (LCA cases only)		In devt									
	454I	Cancer - internal 62-day referrals	Qty%	>85%			79.6%	76.7%	71.9%	80.6%	80.0%		Y
	456M	Cancer - 62 day screening	Qty %	>90%			89.5%	66.7%	100.0%	33.3%	81.1%		Y
	457	Cancer Backlogs - pathways over 62 days	Number	-				159	153	143	139		
	458	Cancer Backlogs - pathways over 62 days	Number	-				46.1%	59.0%	58.9%	50.9%		

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Sep	Oct	Nov	YTD avg	Monitor Quality priorities	Trend chart
4.4 Diagnostic access	Diag 6	Diagnostic waits - % over 6 weeks	Mthly	<1%			1.48%	1.20%	0.85%	1.34%	1.17%		Y
	FFF19	Turnaround time - inpatient MRI within 24 hours	Mthly %	>80%			70.9%	66.4%	59.7%	63.8%	63.2%		Y
	FFF20	Turnaround time - inpatient CT within 24 hours	Mthly %	>80%			83.5%	87.2%	83.0%	85.3%	84.2%		Y
	FFF21	Turnaround time - inpatient Ultrasound within 24 hours	Mthly %	>80%			77.6%	75.7%	75.0%	75.9%	76.8%		Y
4.5 Bed capacity and management	531	Average length of stay (elective)	Cum ALOS	<last yr			3.44	3.46	3.46	3.44	3.44		Y
	LOS>1	Non-elective average LOS >1 night	Cum ALOS	<last yr			8.6	8.8	8.7	8.8	8.8		Y
	535	Discharges before noon	Mthly %	>25%			20.9%	21.0%	19.7%	20.2%	20.8%		Y
	Home	GSTT referrals to @Home service	Cases	>100			61	75	77	68	75		Y
	DTToCPS	Patients with a DTToC (snapshot)	Number	-			16	9	20		18		Y
	DTToCDT	DTToC total delayed days	Number	-			449	440	548		554		Y
4.6 Outpatient management	604	Appointments re-scheduled by hospital <6wks	Cum %	<4%			4.7%	4.8%	4.8%	4.7%	4.7%		Y
	FFF57	Gassiot House Room Utilisation	Mthly %	>75%			87.0%	85.0%	89.1%	90.0%	88.3%		
	618	Choose and Book - % slot unavailability	Mthly %	<5%							-		Y
	601R	Follow-up ratio - adj cons appts (in arrears)	Ratio	2.11			2.20	2.17	2.20		2.13		Y
	602	Non-attendance rate (new appts)	Mthly %	<11%			12.1%	11.2%	10.7%	11.8%	11.2%		Y
	603	Non-attendance rate (f/up appts)	Mthly %	<10.5%			13.1%	12.2%	11.7%	12.4%	12.6%		Y
4.7 Theatre management	533M	Daycase rate - basket (in arrears)	Mthly %	>85%			83.3%	85.1%	85.5%		83.8%		Y
	505	Theatres Gross Cancellation Rate (in arrears)	Mthly %	<7%			7.3%	6.6%	6.9%		6.9%		Y
4.8 Complaints mgt	COMLT	Complaints opened in month (Trust total)	Cases	-			95.1	107	97	97	98		Y
	COM2T	Complaints re-opened in month (Trust total)	Cases	-			4.7	3	2	3	3		Y
	COM6T	Complaints CLOSED in month (total Trust)	Cases	-			-	71	80	74	100		Y

- November saw a deterioration in performance in the patient waiting time within our A&E services. The department had seven breaches of the >30 minutes ambulance off-load target with no >60 minute delays (lower graphs). The number of ambulance arrivals has increased and the department is now regularly seeing over 100 ambulance patients each day. The department and Trust are committed to ensuring safe and effective ambulance handovers. St Thomas' was the 2nd best receiving hospital in London (in terms of the number of 30 minute breaches) in 2015 and continues to be at this level in 2016 despite increasing ambulance arrivals.
- This month has continued the trend of increased overall attendances over the last year. There has been increase of 4% between April to October 2016 compared to the same period in 2015. The increase in attendances have been seen across all areas of the department, including Majors and Urgent Care.
- Majors moved into its temporary location which will eventually become the Emergency Medical Unit in a year's time. The ED team has worked hard to mitigate the impact of operating Majors in a ward environment.
- The next Trust 'Star-Chamber' will be held in December to review the Emergency Pathway.

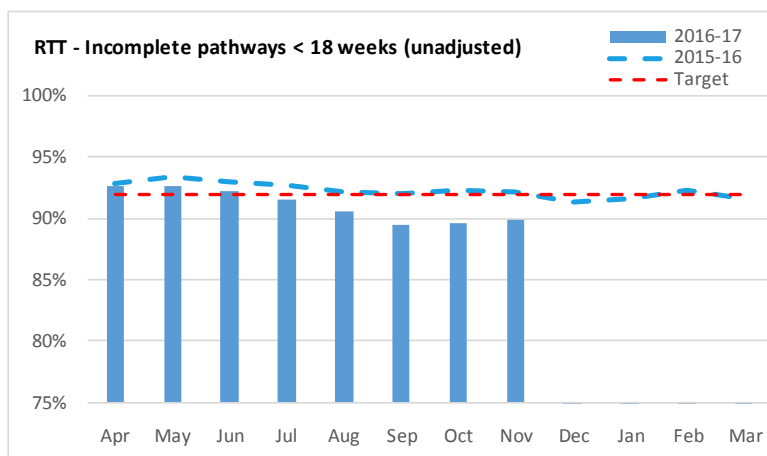
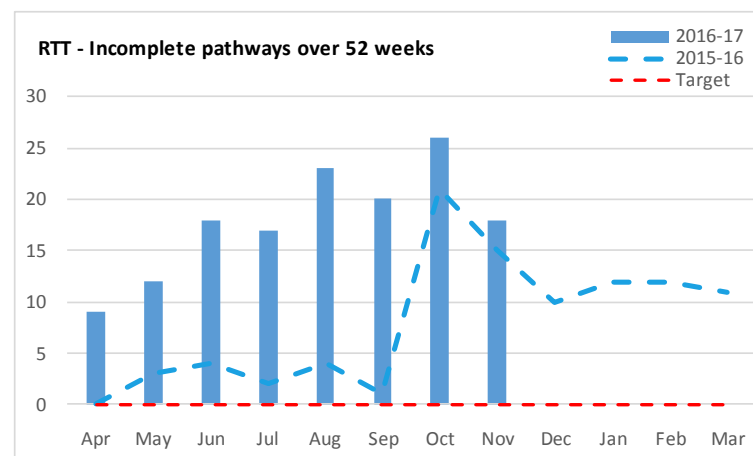
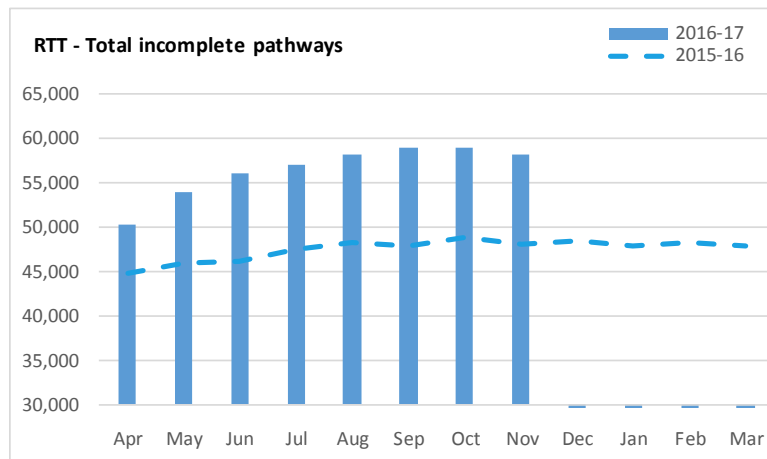
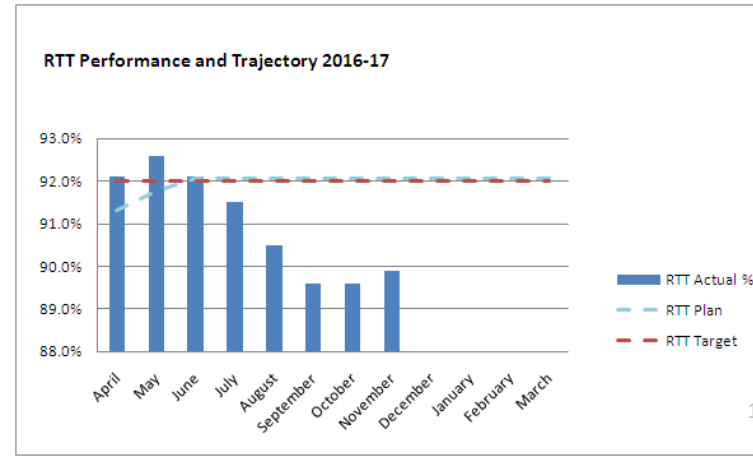


- **Where we want to be: targets and benchmarks**
- We are seeking to reduce the number of patients waiting over 4 hours to a level at which we can sustain performance against the national standards for incomplete pathways.
- We want to achieve our submitted performance trajectory for 4 hour performance – see bottom right graph (purple columns).
- **Where we are: trends and patterns**
- November continued the trend of increased attendances in the department. Guy's Urgent Care Centre has retained performance with approximately 2 breaches or less per week however attendance numbers will be reviewed with appropriate mitigation actions taken.
- **Risks or opportunities for the Trust**
- The increase in Emergency demand is creating a significant challenge within ED and the Emergency Pathway with a particular pressure on capacity. Actions addressing this are outlined below.
- Effective ambulatory pathways (including Frailty, Acute Assessment Unit & the Surgical Assessment Unit) remain key to improving flow through the Emergency Pathway and reducing demand on the ED capacity.
- **Root cause analysis and insights**
- The three key drivers for current A&E performance are:
  1. A sustained increase in attendance numbers, including an increase in ambulance arrivals.
  2. A challenging physical environment due to the current temporary phase of the Emergency Care Pathway rebuild.
  3. High number of patients with complex clinical requirements including mental health conditions.

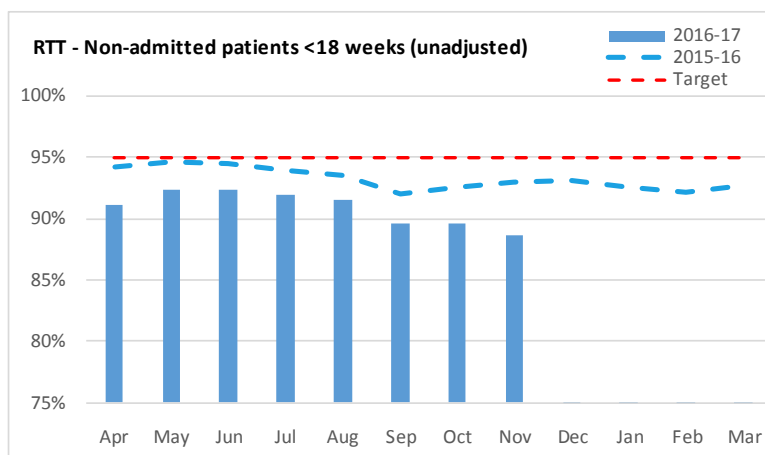
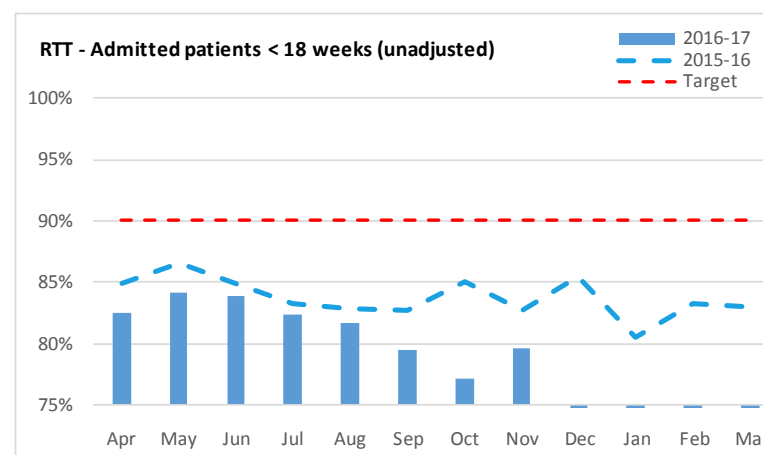
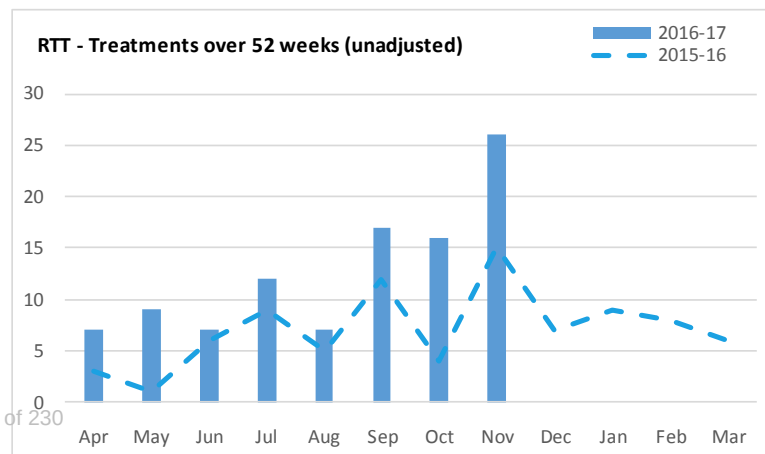
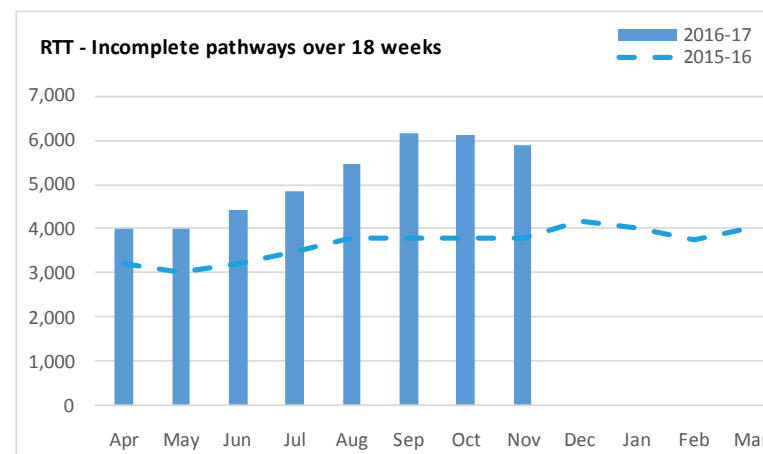


Action and progress	Owner	Next review date
Expansion of Majors cubicle capacity was effective in late October 16. The department is also working through mitigation actions for the temporary location of Majors. The service also continues to safely redirect patients to alternative providers, including GP Hubs and the Waterloo Health Centre. An audit is being undertaken of re-direction in December.	Acute Medicine DMT	December 2016
The next Trust 'Star Chamber' will be held in December to review the emergency pathway with Surgery and Transfer of Care leads presenting on their Emergency Pathways. Reporting into Star Chamber is the new Urgent & Emergency Care Board which includes the various leads of work-streams across the Trust on Emergency Pathways.	Deputy Dir of Operations & Acute Medicine DMT	December 2016
'ACE Team' projects within Acute Medicine are live and reporting back on actions – including: 1) Emergency Department internal improvements, 2) the Medical Model & Admissions Ward flow and 3) North Wing Complex discharge work. A bid has been submitted to NHSE and internal Trust Capital Planning groups as part of the transformation fund to ask for the capital funding to create a new Ambulatory Care Unit which will help reduce the demand on the Emergency Department.	Acute Medicine DMT	December 2016

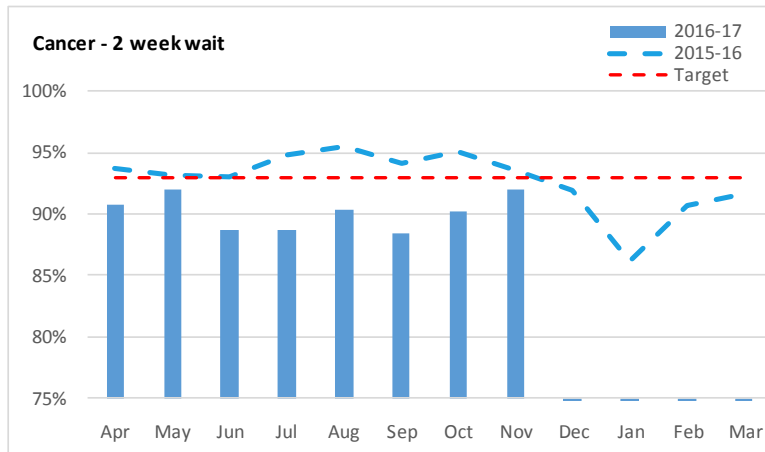
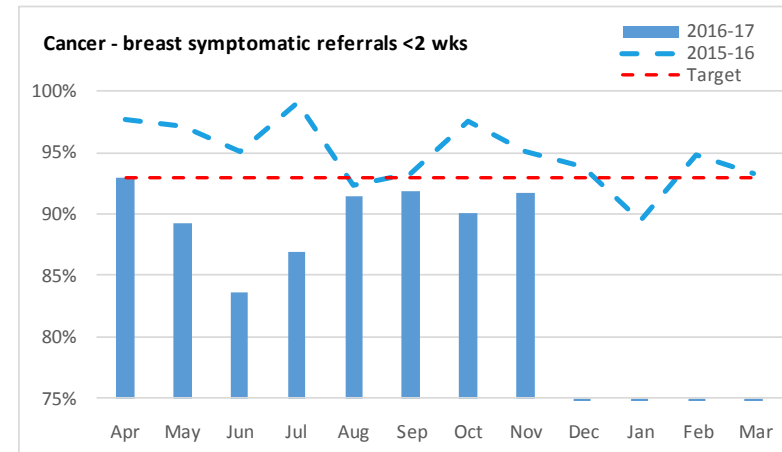
- In November, our performance against the 'Incomplete' pathway was 89.9%, which is an improvement from September and October. We continue to see poor performance due to a growth in backlog resulting from the increased referrals which started in February 2016 and has been sustained.
- The monthly planned care group has helped navigate conversations with local commissioners and GP representatives, in terms of managing our PTL, Demand management, referral outpatient optimisation measures and after enhanced triage/shared pathways. A number of work streams will be set up to focus on the main growth specialties (dermatology, ENT, neurology, gynaecology and ophthalmology). The Trust is also working with commissioners on long term conditions and paediatric pathways.
- An outcome of the demand and capacity workshops with the services, is that the directorates have been asked to develop innovative ways to follow up patients virtually to enable greater capacity for additional new work.



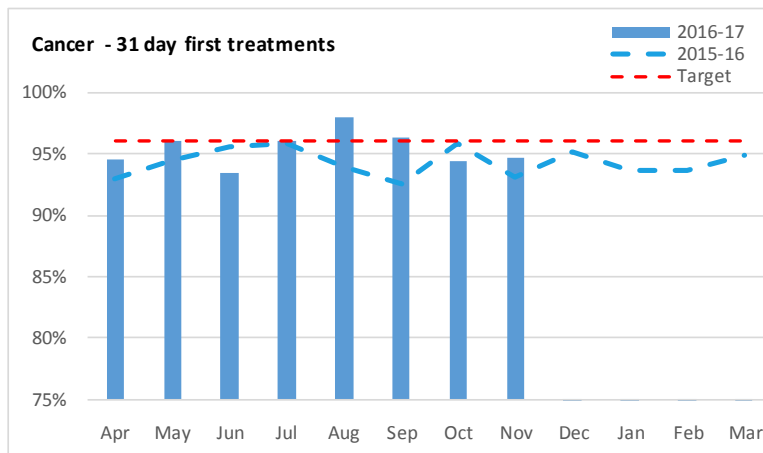
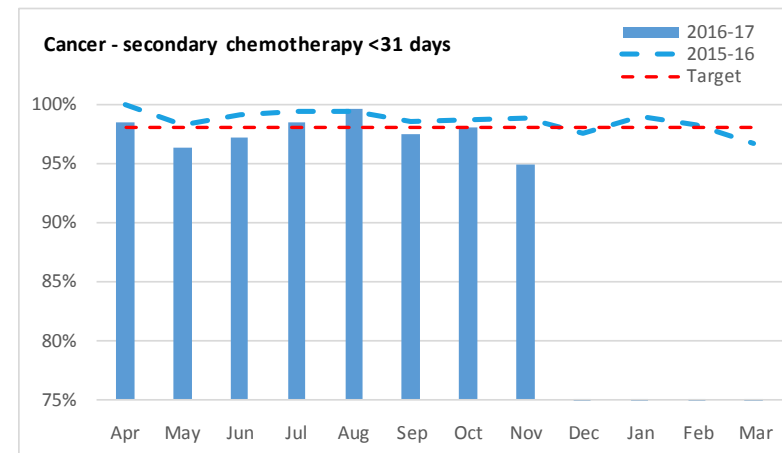
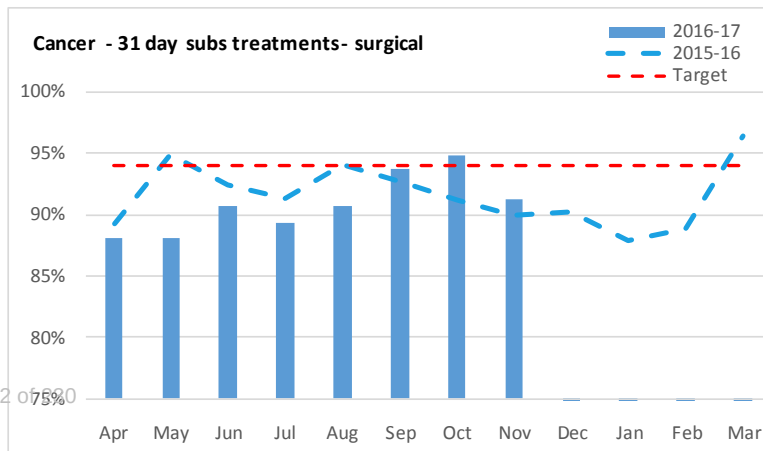
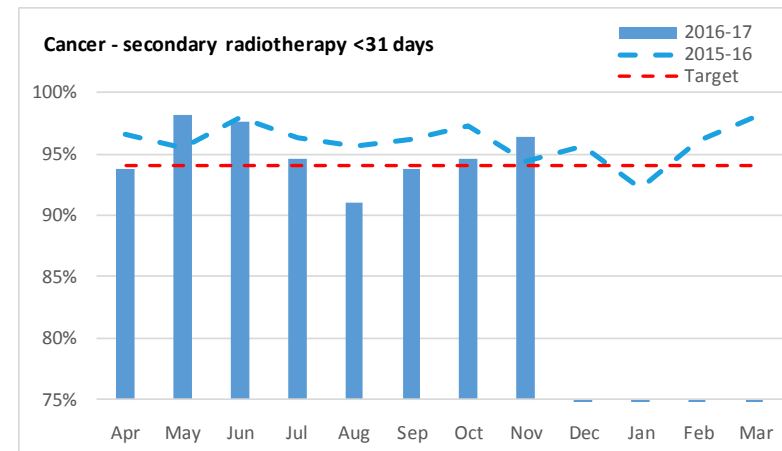
- In November our backlog has dropped to 5,898 from 6,113 in October (bottom left graph). The specialties with the largest backlog in November are ENT, Orthopaedics, Cardiology, Gynaecology and Paediatric Plastic Surgery, three of which are showing a reduction in backlog (Paediatric Plastic Surgery, ENT and Cardiology).
- In November, we have reported 18 incomplete pathways over 52 weeks, which is a positive reduction on the 25 waiting in October. In terms of patients treated over 52 weeks, there were 26 patients in total. The Chief Operating Officer's senior team hold weekly meetings with the all the directorate General Managers to go through all long waiters (inc potential 52 week breaches) at patient level to ensure a treatment plan is in place. All RCA themes and actions are feedback into this RTT recovery meetings.
- Our RTT performance/recovery action plan focused meeting at Trust wide level is chaired at Director level. New reports have been developed to assist this meeting and provide further assurance that our recovery actions are having the desired affect.
- The top two graphs below demonstrate the increase of activity on treating long waiters in both the non-admitted and admitted pathways, which supports the RTT backlog recovery programme. (i.e. non-admitted and admitted performances will dip as more backlog patients are treated).



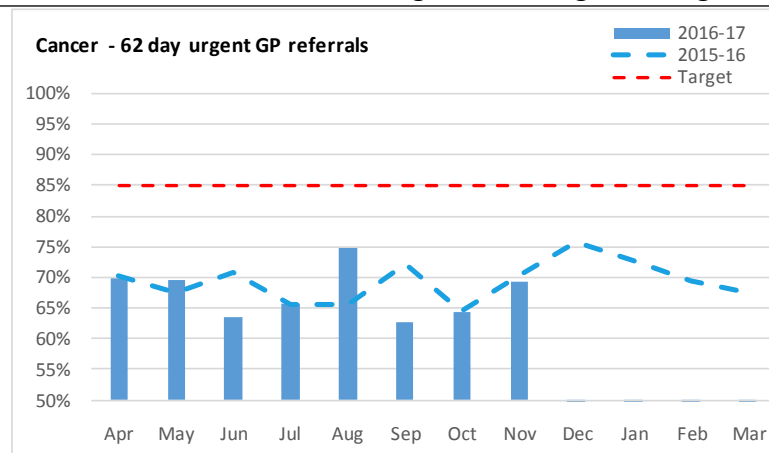
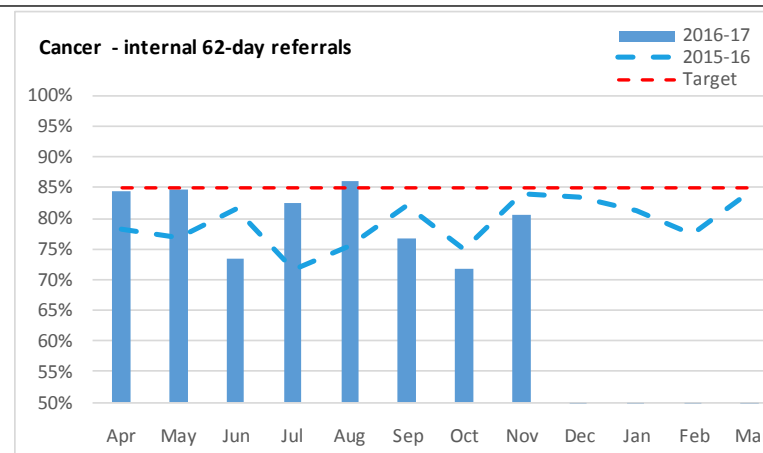
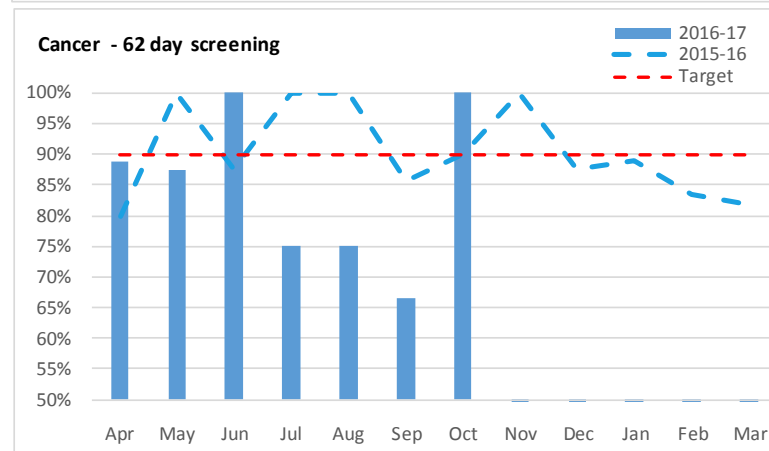
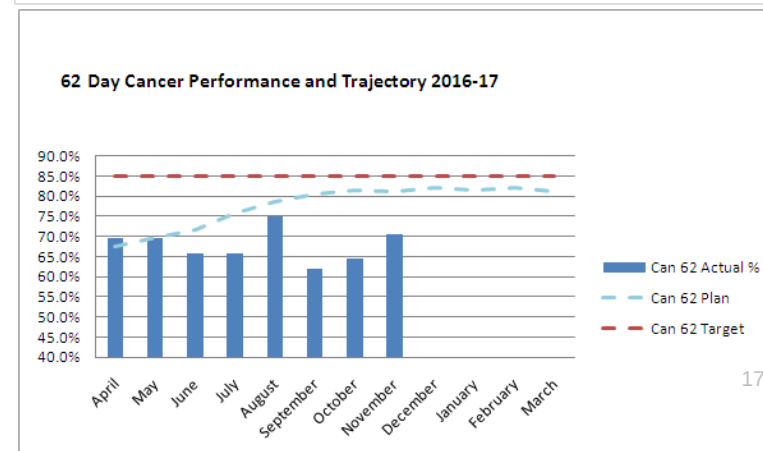
- The Trust Position for the 2-week wait target set for patients with a suspected cancer diagnosis continues to be below target. We achieved 91.8% and 90.6% for breast symptomatic, in November.
- The highest number of breaches occurred in Skin, and Lower GI. The main breach reasons are still linked to patients choosing to be seen after day 14. This appears to be greater in Skin and Lower GI. We are working to offer more clinics for both out-patient appointments and diagnostics to improve choice.
- Breast Symptomatic breach analysis shows a high number of rescheduled appointments, and the team are re assessing to ensure that all appointments are agreed with the patient by making telephone contact with the patient before booking the appointment.



- We did not achieve the 31 day targets except for the subsequent radiotherapy target in November. We are still struggling to remove all avoidable breaches where the root cause analysis has identified that we could have done more to track the patients more effectively or where patients have been dated in error.
- Despite the renewed focus on actions to avoid administrative breaches, there have been a number of new members of staff, both administrative and medical across services where these errors occurred. Additional training in the rules around cancer waiting times has now been completed which is aimed at ensuring that we can accurately track and date patients appropriately.



- Overall performance for 62-day maximum wait for first treatment remains below the 85% target. We achieved 70.4 % overall which is below our trajectory of 74%. We achieved 81.8% for the internal patients. There were 14 internal breaches in November with 77 treatments. 5 of these patients were long waiters (treated over 31 days after breach). There were 4 avoidable breaches this month. The “star chamber” approach to review the work of the central cancer data team continues to make good progress to eliminate most of these going into Q4.
- There were 42 external breaches in November. 26 were referred late (>38 days) in the 62 day pathway and 6 had already breached the 62-day target before the referral was received. 8 of these were treated within 24 days of referral. 16 patients were referred before or on day 38, but still breached. We had 5 further avoidable breaches but the majority, 11 breached as a result of patient choice and medical reasons. Just under half (16) of the of external breaches are in Lung cancer patients. We are continuing with the shared care PTL conference calls with Maidstone and Tunbridge wells which help track patients once they are referred to us. There are plans to extend these to other areas in South of England starting with Brighton in the new Year.



Nov-16	62 Day Treatment Status		
CWT Code	Internal Treatments	Internal Breach	Internal Performance
Brain CNS	0	0	
Breast	9	2	77.8%
Gynae	4	1	75.0%
Haematological	6	1	83.3%
Head and Neck	5	1	80.0%
Lower GI	6	1	83.3%
Lung	3	1	66.7%
Other	0	0	
Skin	4	2	50.0%
Skin Haematology	1	1	0.0%
Thoracic	2	1	50.0%
Thyroid	1	0	100.0%
Upper GI	1	0	100.0%
Urological	32	3	90.6%
Internal total	74	14	81.1%
External total	93	45	51.6%

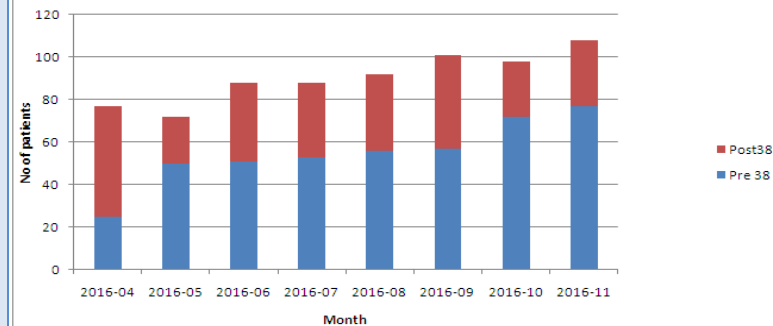
Q2 2016/17	62 Day Treatment Status		
CWTCode	Internal Treatments	Internal Breach	Internal Performance
Brain CNS	0	0	
Breast	33	3	90.9%
Gynae	12	4	66.7%
Haematological	14	6	57.1%
Head and Neck	12	4	66.7%
Lower GI	12	1	91.7%
Lung	10	1	90.0%
Other	2	0	100.0%
Skin	21	1	95.2%
Skin Haematology	0	0	
Thoracic	2	1	50.0%
Thyroid	2	1	50.0%
Upper GI	8	2	75.0%
Urological	72	13	81.9%
Internal total	200	37	81.5%
External total	254	136	46.5%

- Overall performance in November was 70.4% mainly due to the high proportion of breaches that occurred due to late external referrals. Of the 42* over 50% (26) were referred beyond day 38 and 8 were treated within 24 days after referral to GSTT.
- The highest number of breaches overall, were in Urology and Thoracic. We continue to treat a number of backlog patients in November. We have a recovery plan in place to support the Cancer data team which includes patient pathway coordinators and we expect the benefits to appear during quarter 4. We are currently focussed on reducing our backlog of patients who are over 62 days. So far the additional Assurance PTLs has focused on clearing most of the backlog and helping services to ensure patient pathway delays are corrected early enough to enable action to be taken to avoid further “avoidable” breaches.

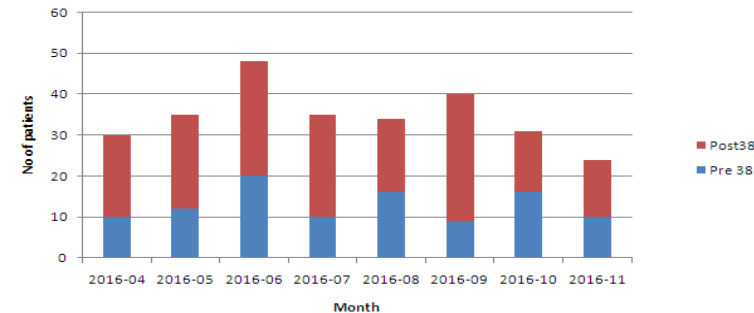
Inter Trust Referrals

- **Where we want to be: targets and benchmarks**
  - We want to be achieving 85% of referrals to GSTT within 38 days.
- **Where we are: trends and patterns**
  - The proportion of Pre day 38 day referrals from South East London Trusts remains around 70%. It was 73% in October and 71% in November.
  - For the South of England Trusts the proportion of early referrals remains low, In November only 41% were referred before day 38. This fluctuates due to the low volumes of referrals across multiple providers.
  - Both Joint Coordinators working between GSTT and LGT and KCH are managing to support those cohorts of patients who may need to be referred and are facilitating these transfers. They have also identified improvements needed within pathways and those are being tackled
- **Risks or opportunities for the Trust**
  - We are focused on improving the processes and workflow for staff within the Cancer data team. The urgent referrals Booking Team successfully established a paperless process in November with future plans to establish a call centre during Q4. High sickness rates and turnover continues to be a challenge to the pace of change required to implementing further changes.
  - The “Star Chamber” approach continues to provide a focus for delivering the agreed improvements and actions over the next 3 months.
  - The risk with continuous late referrals (>38 days) is the adverse affect on our ability to treat patients within 62 days.
- **104 day patients**
  - There were 14 long wait breaches(treated after day 104) in November . 3 in urology, 5 in Lung/Thoracic, 1 in UGI, 1 in Skin, Head and Neck, Haematology, Breast and Colorectal
  - The reasons for the long delays were: A mixture of late referrals and complex pathways(12), patient choice delays(2).
  - 14 out of the 17 the external long wait breaches were referred after day 79 from other Trusts, 4 of which were referred after day 104.
  - We have established an independent review group to support how we might tackle these areas in order to improve the pathway and reduce the number of long waiters.
- **Root Cause analysis and Action**
  - Focused work on monitoring the use of timed pathway in each tumour site.
  - Establishing the joint coordinators between the Trust and KCH/LGT.
  - 7 days for first OPA for 2ww referrals involving use of eRS.
  - Building resilience within the Coordination and Tracking team

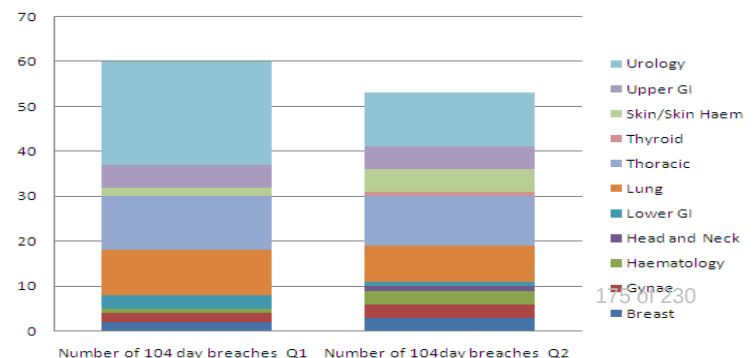
External referral - SEL - Apr 16 onwards



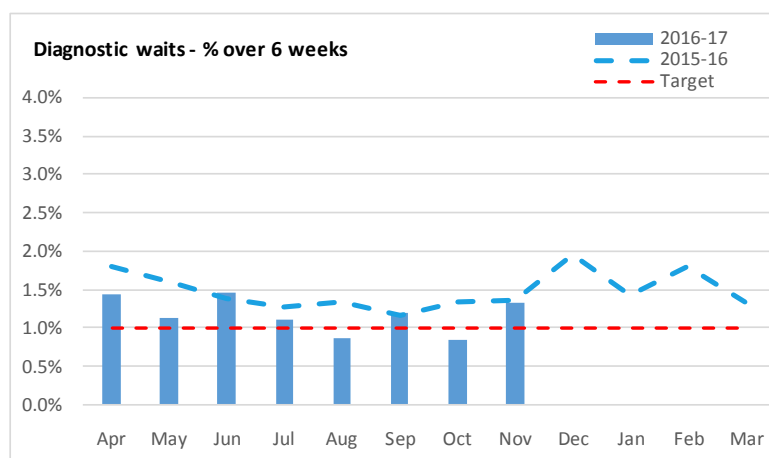
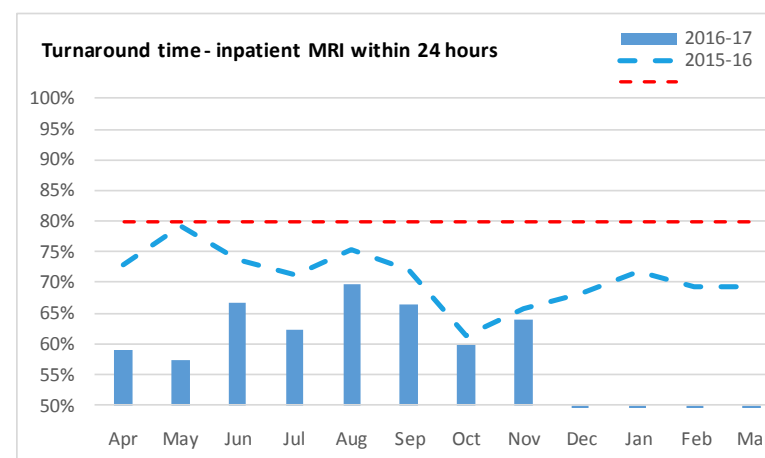
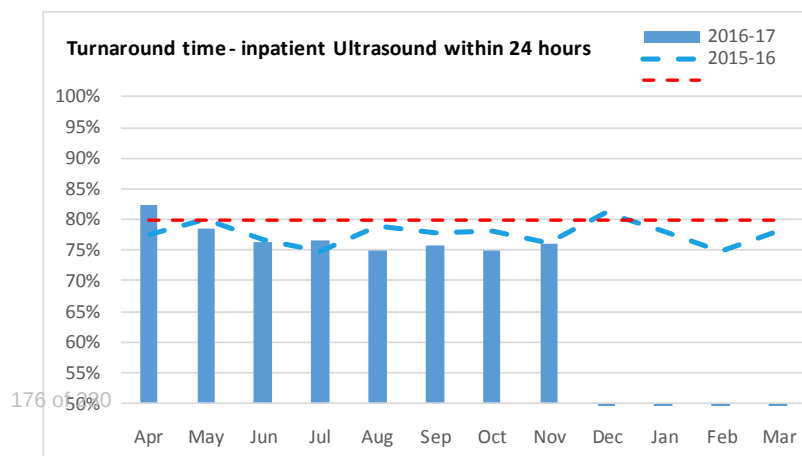
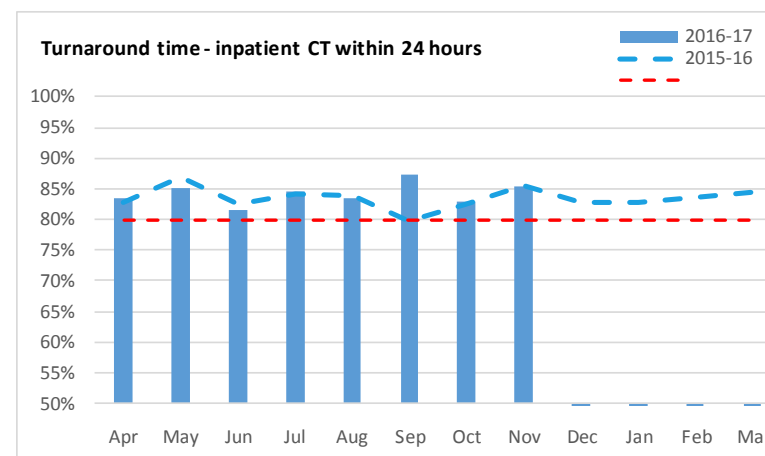
External referrals - Non SEL - Apr 16 onwards



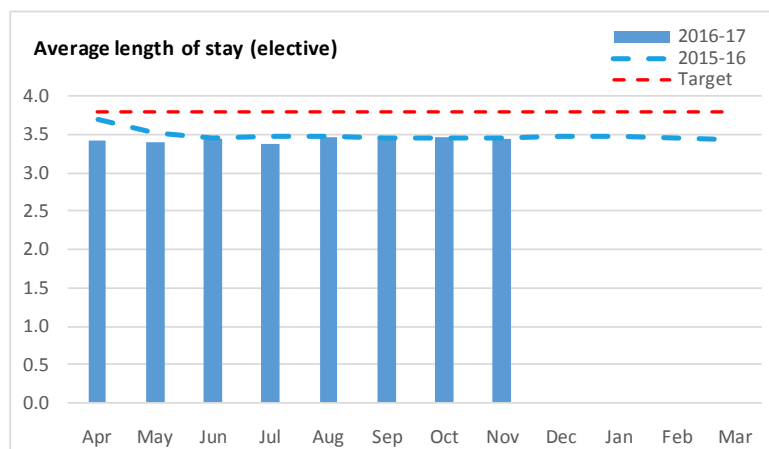
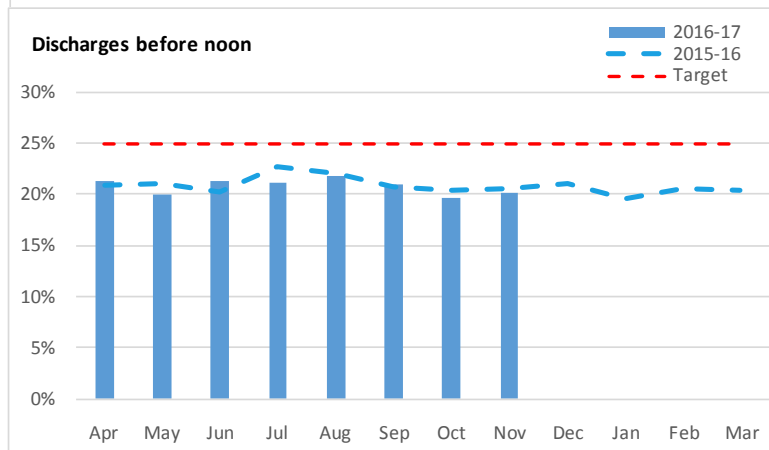
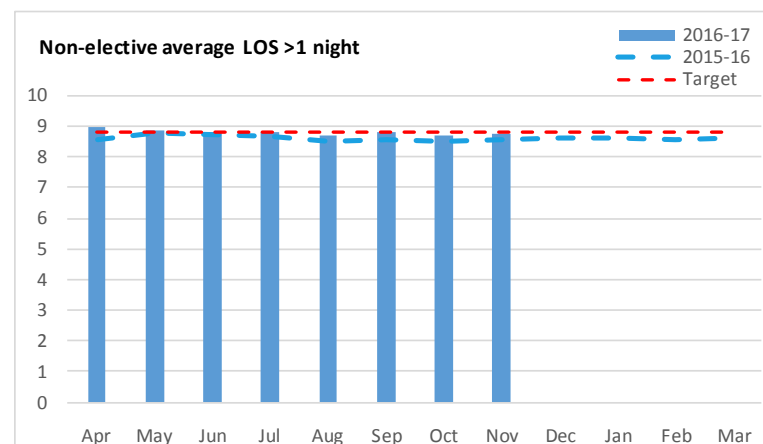
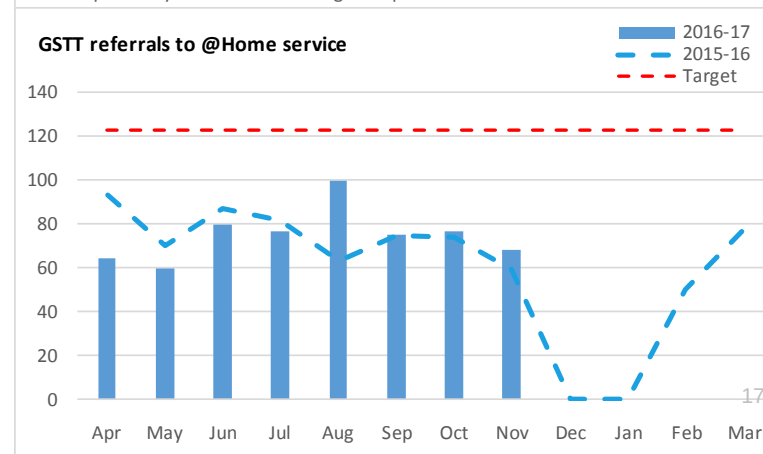
No. of 104 day breaches per tumour site Q1&Q2 2016/17



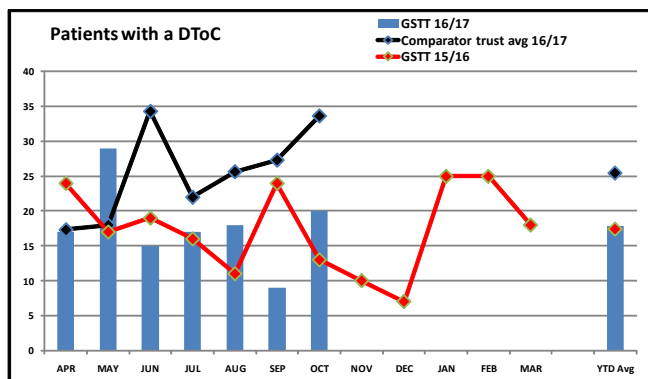
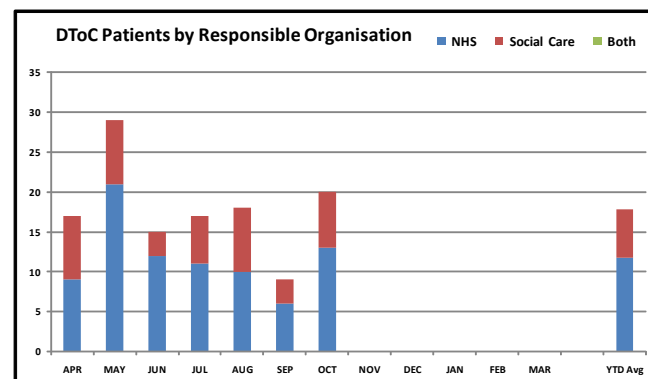
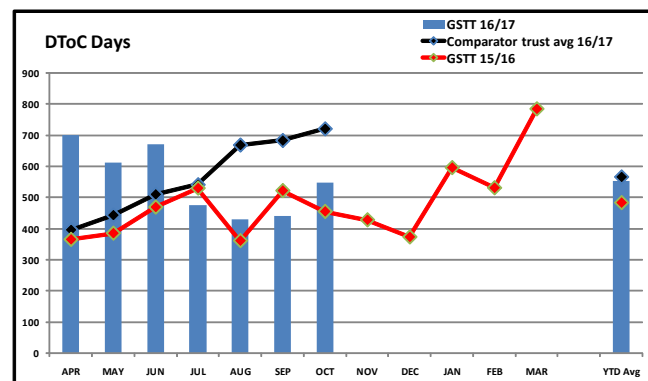
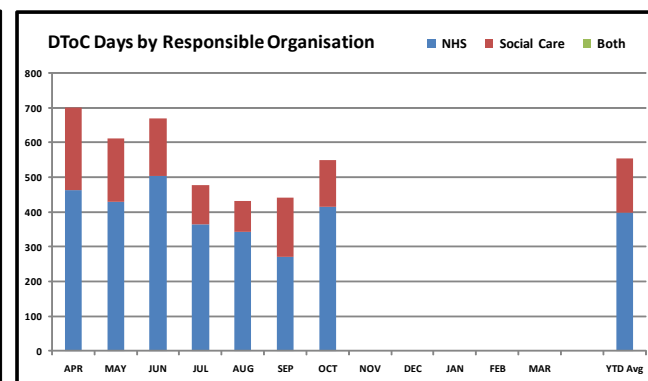
- In November, the diagnostics target was not met and the performance dipped to 1.34%.
- Non-compliance was due to an issue in Ultrasound, where lost capacity could not be recovered. An RCA will be undertaken by the service and assurance is being sort to ensure that the issues would be escalated to the performance team as early as possible. We do not anticipate this issue to continue into December's performance.
- Turnaround times for inpatient MRI and CT within 24 hours have both improved in November compared to October. This is due to increase in available capacity.



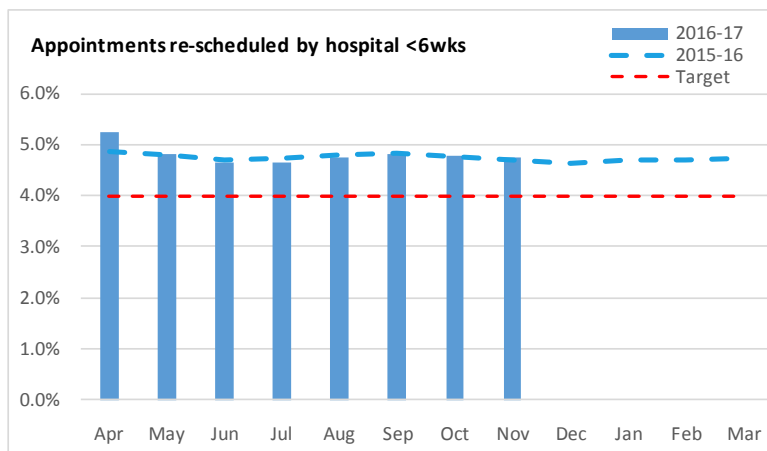
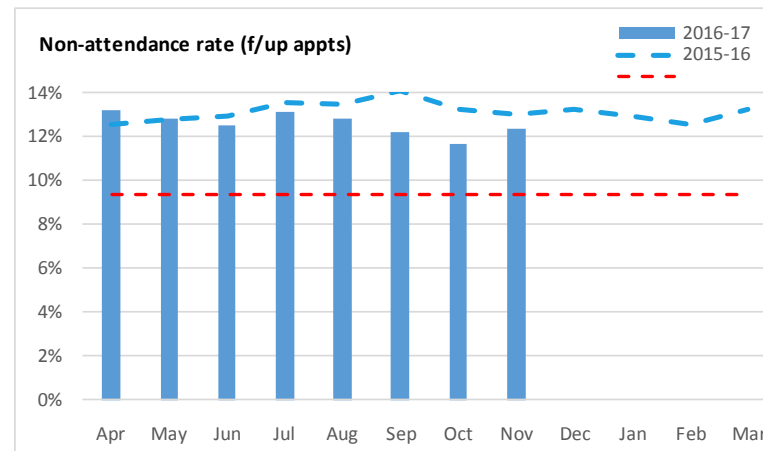
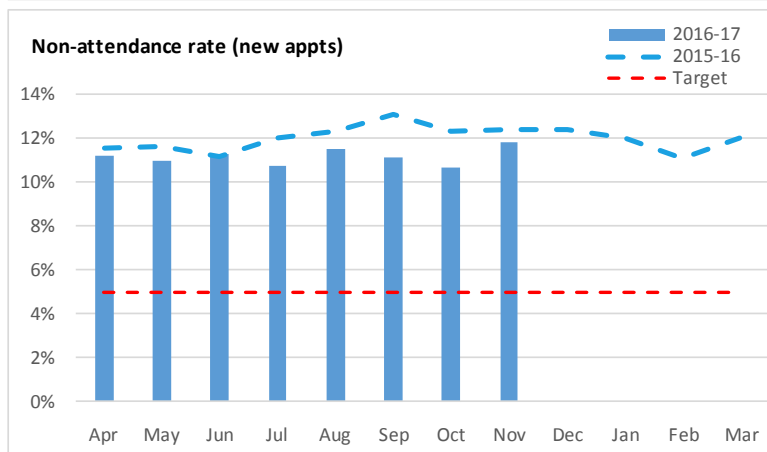
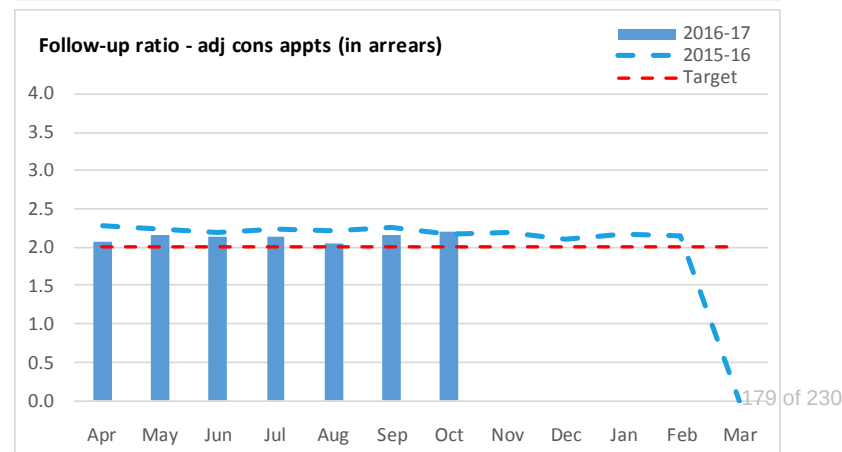
- Efforts to provide alternatives to hospital admission continue. The capacity targets for @home now reflect the demand from patients presenting with increased levels of acuity. We have recently reviewed current utilisation of @home across referral routes; LAS, Community/GP and acute in order to provide assurance to our commissioners that capacity is being optimally utilised.
- @home: 16/17 referral data compared with 15/16 referral data indicates a reduction in referrals. Accepted referrals now average 725 per quarter. There has been a reduction of 30 accepted referrals per week across referral sources, however overall contacts have not reduced; there is a possible link to data recording processes following implementation of Carenotes.
- Average length of stay for elective patients remains better than target and is at similar levels to last year. This is helping to support the significant additional activity we are currently delivering. Directorates are currently working on further length of stay (LOS) improvement plans to ensure we can meet our activity plans for 2016/17.
- Work continues on improving hospital discharges before noon, Directorates use their huddles to continue focusing on improvements to early discharge.



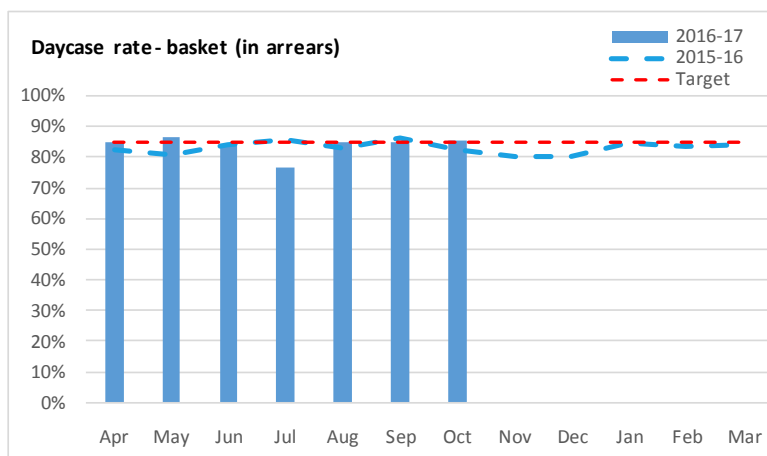
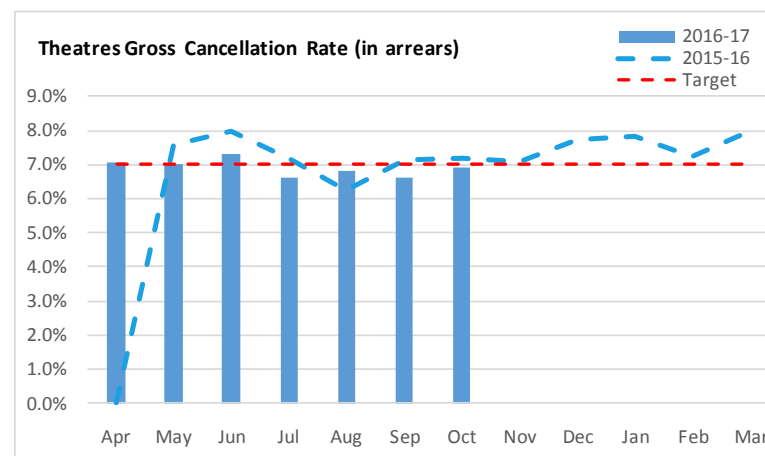
- The definition of a DTOC is when a patient is ready to transfer from acute to non-acute setting, but remains in an acute hospital bed.
- The Trust has launched a 'Transfers of Care' improvement workstream within the Fit for the Future programme, with three overarching improvement aims:
  - To join up improvement initiatives across the Trust relating to transfers of care / discharge
  - To develop an IT solution to capture data on discharge delays (as part of Live Bed State)
  - To work with our external partners across health and social care to develop new ways of working, including 'Trusted Assessments' and 'Discharge to Assess' models.
- The first Steering Group Meeting for this workstream was held in November 2016
- Planning is also underway for a 'Perfect Transfers of Care Week', to be held in January 2017, in line with ECIST guidance
- We continue to have a twice-weekly "Discharge Ops Forum" (MDT patient level review of complex discharges) which is now attended by Lambeth/Southwark social services, and we escalate complex issues to our CCGs for support.



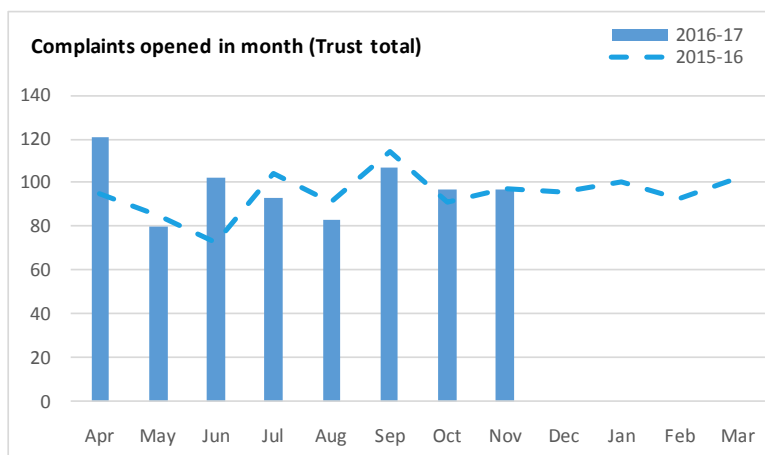
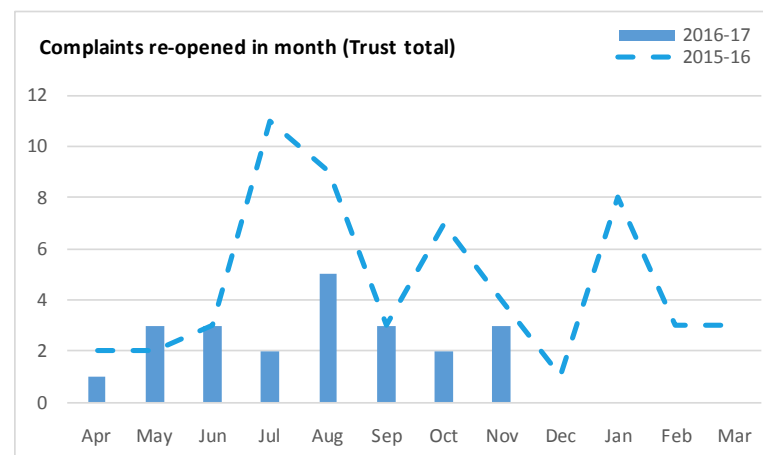
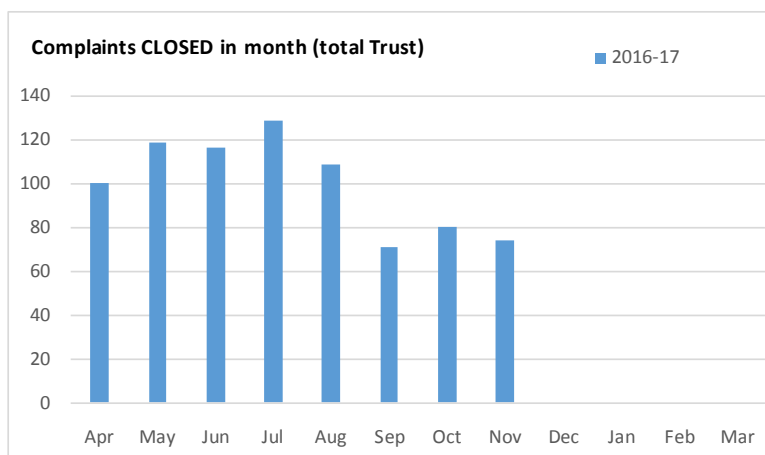
- **Appointments re-scheduled by the hospital within 6 weeks of an appointment** – The number of rescheduled patients has continued at rate which is below 2015/16. This has improved as a result of no further strike action and improvements in planning clinics and clinician's annual leave.
- **e-RS (National e-referral system) - % slot availability** – Appointment slot issues (ASIs) increased to 1272 from October's 1126. This is because services do not book to actual wait times. Advice and Guidance mirrors the increase, rising to 222 in November. Community service issue remains stable this month but the service have had ASIs. The eRS steering group (with CCG, GSTT, KCH) had 1st meeting on 9th December (its now a formalised group which will report to the Planned care board). CQUIN reviews (A&G and eRS) underway and had 1st GSTT internal meeting on 20th December. Scoping the CQUIN requirements to deliver this.
- **Non-attendance for new and follow up appointments** – Overall DNA numbers remain lower year on year. User group discussions have identified priorities for DrDoctor Level 2 & 3 functionality (digital correspondence, pre appointment questionnaires and date self selection. Work now underway to maximise current levels (reminder service) of use to increase benefits once level 2 & 3 successfully integrated and initiated.
- **Follow-up ratio** – OP page of FFF Intranet site now in use as Trust wide information sharing hub, providing current guidance on improving DNA rates.



- Cancellation rates continue to be held below the target and plans are now in place to pilot text reminders for elective admissions in February 2017
- Day case rates also continue to meet the target of 85%



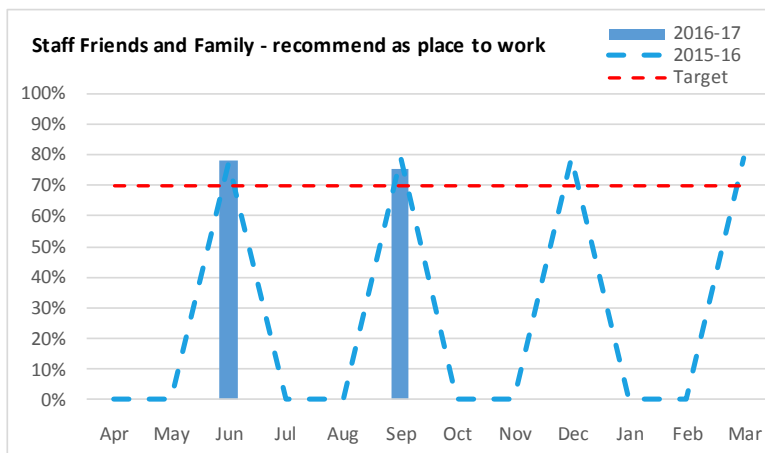
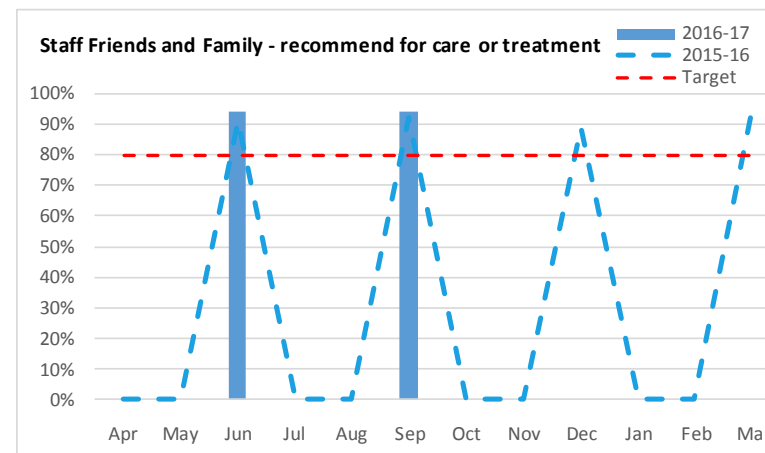
- The complaints team are continuing to work hard to support the directorates to produce good quality responses with appropriate actions following robust investigations. The complaints team received 97 formal complaints and also dealt with an additional 93 contacts during the month taking their total caseload to 190 for November.
- Interviews for the two vacancies were successful and the team are looking forward to welcoming the new starters in the New Year. (Complaints Officer and Senior Complaints Officer).



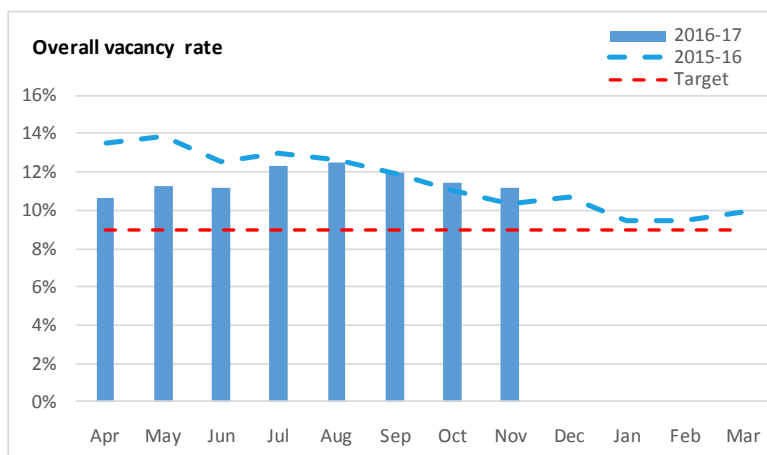
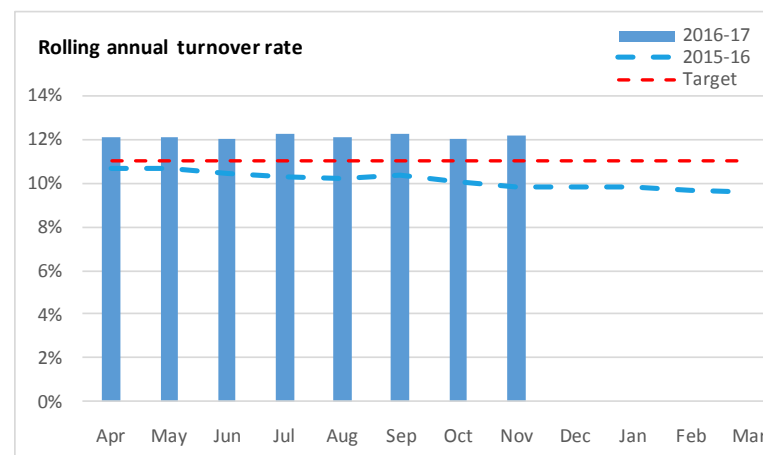
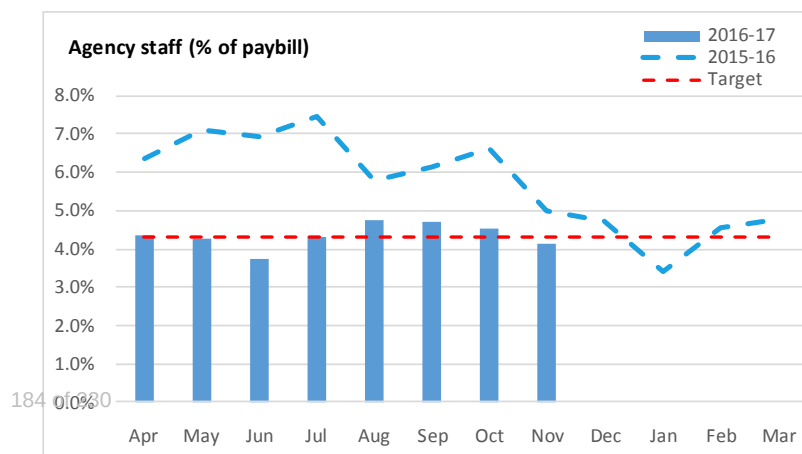
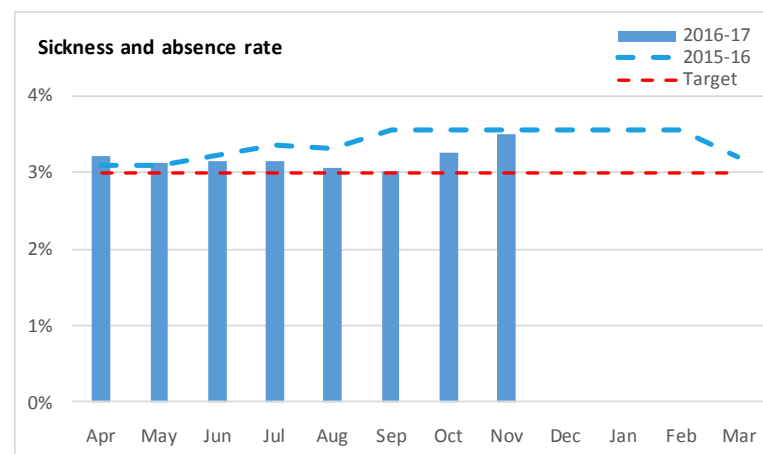
The Trust's ambition is to provide a complaints system which is open to complaints, supports patients, families, and staff through the process, and which delivers a timely apology, explanation and determination to learn from mistakes. The aim is to produce a service about which complainants are able to say: I felt confident to speak up; making my complaint was simple; I felt listened to and understood; I felt that my complaint made a difference.

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Sep	Oct	Nov	YTD avg	Monitor Quality priorities	Trend chart
5.1 External assessments	GOV	Overall governance rating (Monitor, in arrears)	Rating	Green			Green	Green	Green	Green	Green		
	CQC	Care Quality Commission (CQC) risk assessment	Score	>5			6	6	6	6	6		Y
5.2 Staff experience	FFTS1	Staff Friends and Family - recommend as place to work	Qty %	>70%			78.5%	75%			77%		Y
	FFTS2	Staff Friends and Family - recommend for care or treatment	Qty %	>80%			91.5%	94%			94%		Y
5.3 Workforce indicators	VACTB	Overall vacancy rate	Mthly %	<9%			11.5%	11.9%	11.4%	11.2%	11.6%		Y
	TEMPTB	Agency staff (% of paybill)	Mthly %	<4.3%			5.7%	4.7%	4.6%	4.2%	4.4%		Y
	TURNTB	Rolling annual turnover rate	Mthly %	<11%			10.1%	12.2%	12.0%	12.2%	12.1%		Y
	206TB	Sickness and absence rate	Mthly %	<3.0%			3.4%	3.02%	3.25%	3.50%	3.18%		Y
	211TB	Appraisal compliance (non-medical staff)	Mthly %	>95%			73.1%	71.9%	73.1%	75.3%	70.8%		Y
	MTTB	Mandatory training compliance	Mthly %	>95%			86.3%	84.7%	84.4%	84.8%	85.0%		Y

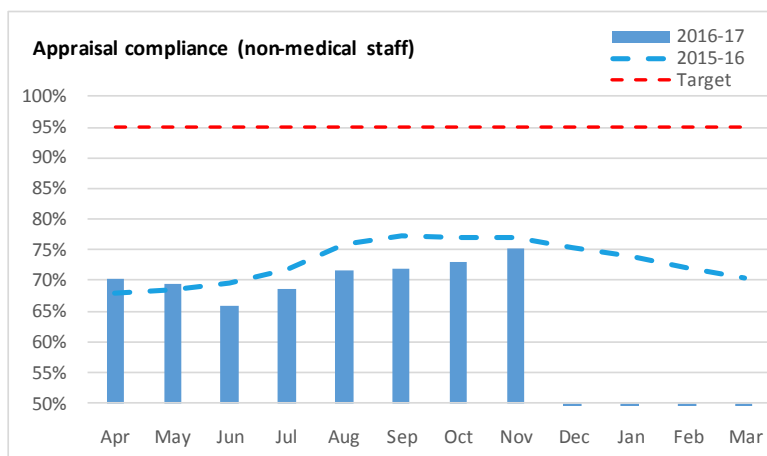
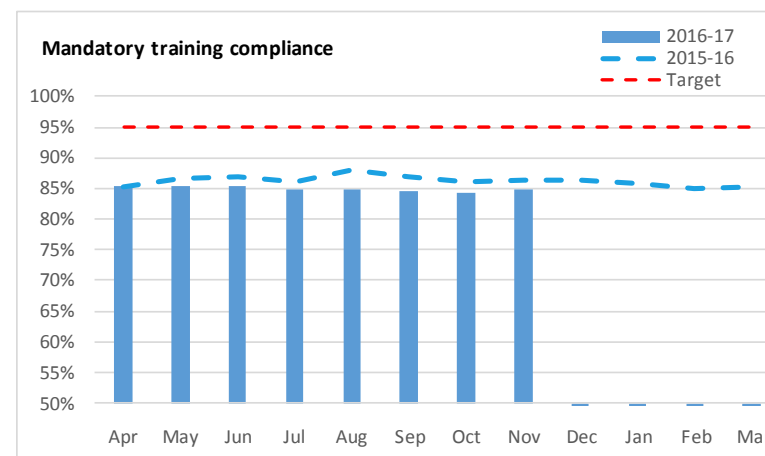
- Staff opinion on whether they would recommend a health care organisation for care or for work is statistically associated with the quality of care. Any fall in the positive opinion should be seen as a potential early indicator of a reduction in quality of care.
- 700 staff participated in the Quarter 2 Staff Friends and Family Test (SFFT), which was conducted between August and September 2016. The results show that 94% of our staff would recommend the Trust as a place to be treated. This figure is well above the national average of 80%. 75% of our staff said that they would recommend the Trust as a place to work, again a higher figure than the national average of 64%.
- All staff were invited to participate in The NHS National Staff Survey, which takes place in the third quarter of each year. This year's survey ran from 3rd October to 7th December 2016. 5128 staff members took time to respond. The Survey asked for staff to share their experience of working in the Trust, including questions about their job, their managers, their personal development, their health and wellbeing and their safety at work. The results will be available in February 2017 and will give us a clear picture of staff experience within the organisation and how we compare nationally, with other NHS Trusts.



- The overall vacancy rate (11.2%) decreased in November but remains above target, and is 0.86% higher than the same month last year. There are currently over 600 external applicants in the recruitment pipeline scheduled to join the Trust over the next few months and we expect the vacancy rate to move closer towards the 9% target, without reaching it.
- Agency spend as a proportion of paybill decreased slightly to 4.15% which was below target for the month, although the YTD figure remains above the cap. Spend was lower than the same month last year (4.99%). Agency usage continues to be monitored on a weekly basis, with price cap breaches reported to NHS Improvement and the Trust Executive.
- Staff Turnover increased to 12.15%, and remains above the target of 11%, however the Trust continues to benchmark favourably other London Trusts.
- The sickness rate increased to 3.50%, remaining slightly above target, but lower than the equivalent 2015 month. The Trust consistently records a lower sickness rate than the NHS average. Management teams receive monthly updates on sickness episodes and are required to address areas of concern.



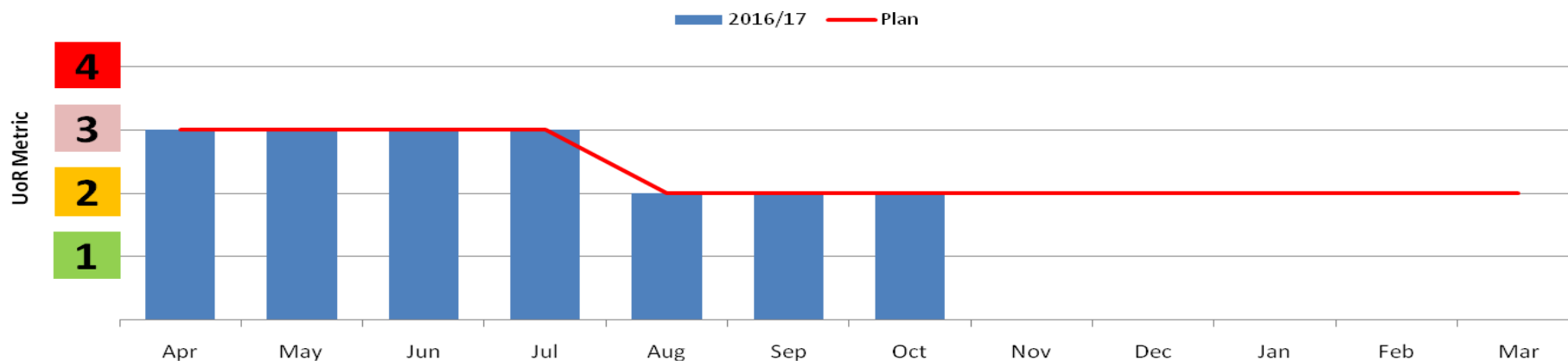
- Personal Development Review (appraisal) compliance rates saw a further increase to 75.29% in November, although continues to be lower than the previous year. The Trust has yet to achieve its target of 95%. Work is ongoing to engage with Directorates with low compliance rates to offer support to improve these.
- Mandatory training increased slightly to 84.78% in November with compliance remaining below Trust target level of 95% and slightly lower than the same month last year. Most directorates are now over 75% compliant, with three achieving over 90% compliance in November. Training data is updated weekly on WIRED which is available to all staff and managers.



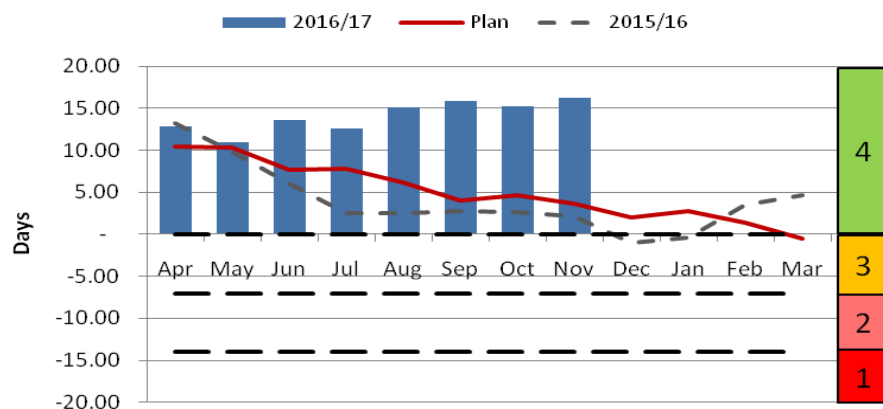
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Sep	Oct	Nov	YTD avg	Monitor	Quality priorities	Trend chart
6.1 Overall financial position	MRRT	Finance Use of Resources	Score	<=2			2.2	2.0	2.0	2.0	2.5			Y
	LQRT	Liquidity ratio (in days)	Days	>0			3.6	15.8	15.2	16.2	14.0			Y
	DSCT	Capital service cover	Ratio	>2.59			1.1	1.79	2.06	2.06	1.62			Y
	FIN01T	Overall underlying financial surplus/(deficit)	£M	>-£1.6m			-£13.0	-£5.1	-£1.9	-£1.2	-£5.1			Y
	CSHT	Cash flow	£M	>£143m			£94.3	£135.0	£144.0	£151.0	£141.0			Y
	CAPT	Capital spend vs plan (year-to-date variance)	Mthly %	+/- 15%			72.6%	5.4%	6.6%	7.4%	4.1%			Y
	VRPT	Variance from Plan	Mthly %	> 0			-1.3%	0.44%	0.43%	0.28%	-0.2%			Y
	UNPT	Underlying Performance	Mthly %	> 0.6%			-0.9%	1.4%	0.3%	0.3%	-0.2%			Y
6.2 Activity levels (magic numbers)	560	Elective activity vs profiled plan - cumulative variance	Cum var %	>0%			-0.3%	-2.1%	-2.2%		1.3%			Y
	606T	New patients seen vs plan (all categories, in arrears)	Mthly var	>0			-946	-701	107		-548			Y
	714	External cons referrals	Number	>last yr			1,937	2,097	1,980	2,087	2,115			Y
	713	GP referrals	Number	>last yr			16,199	18,183	18,356	18,878	18,228			Y
6.3 Fit for the Future	CIPSTC	Cost improvement plans (CIPs) - var to plan YTD	£M	>£0m			-£13.4	-£4.3	-£5.8	-£4.0	-£3.8			Y
6.4 Data quality and clinical coding	CM024	Community data completeness - % contacts outcomed	Mthly %	≥ 95%			93.7%	95.0%	95.8%	95.0%	95.3%			Y
	712	NHS number coverage	Cum %	>98%			97.7%	97.9%	97.7%	97.7%	97.8%			Y
	710x	Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5			4.93	5.11	4.73		5.05			Y

- The FSRR was replaced by the Single Oversight Framework from October 2016, the scoring has now reversed (compared with the FSRR ratings) so that one is now the highest score and four is now the lowest.
- This shows that we are achieving a rating of 2 which is in line with plan. Indicative ratings have been calculated using historical data for prior periods in 16/17.

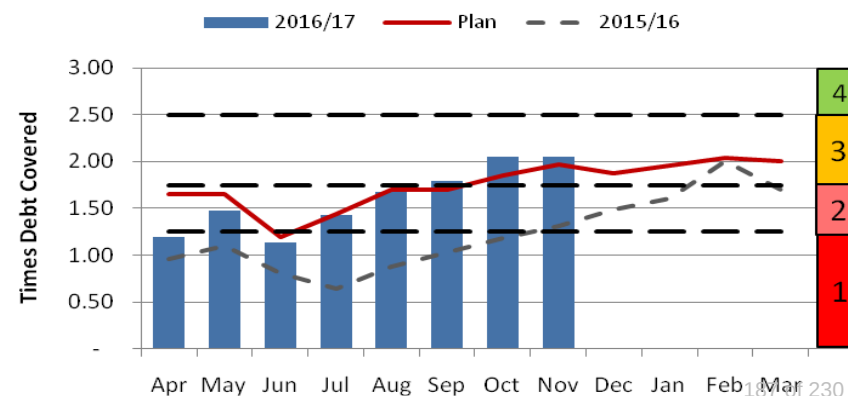
Finance Use of Resources Metric



Liquidity

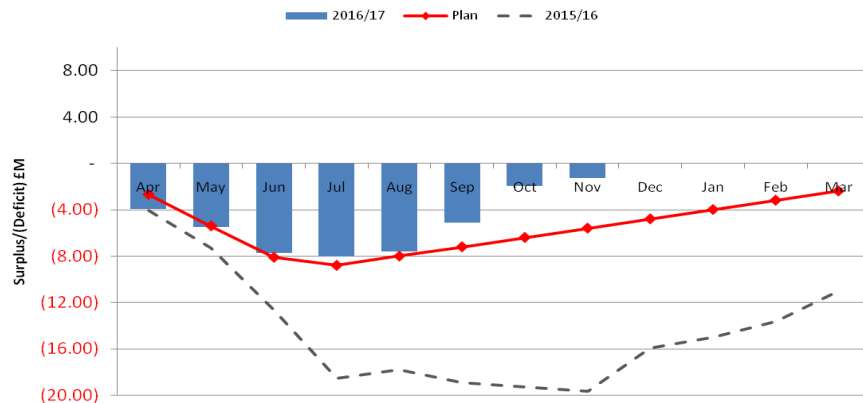


Capital Service Cover

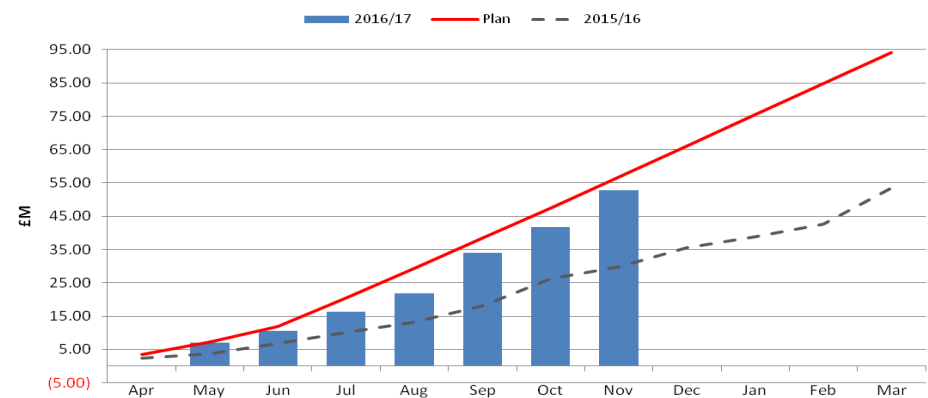


- The annual plan has been amended to a deficit of £2.4m. A loss of £1.2M has been recorded at November, which is £4.4M better than the planned loss of £5.6M, a surplus has been generated for the fourth consecutive month.
- The CIP requirement for 16/17 is £94.2m Current schemes have identified £71m of new savings or income growth. At month 8 £52.8m of savings or income growth has been achieved against a plan of £56m
- The cash position at £151M is £21.2m ahead of the plan of £129.8M. Capital expenditure as a percentage of plan has fallen below the threshold of 85% (to 68%). A reforecast of the Capital plan may need to be considered having breached the threshold.

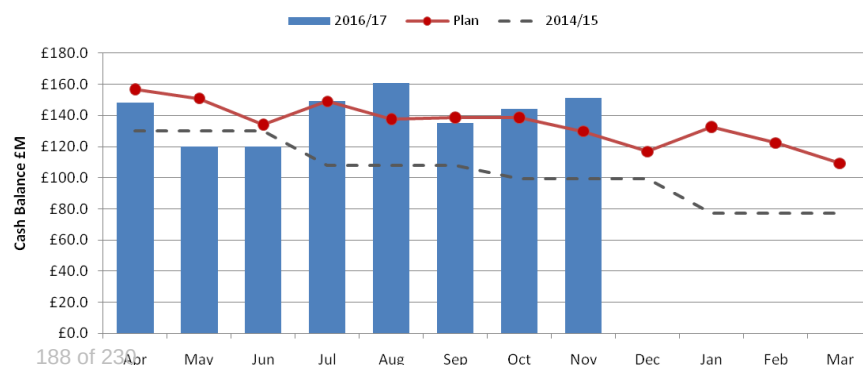
Overall Underlying Financial Surplus/(Deficit)



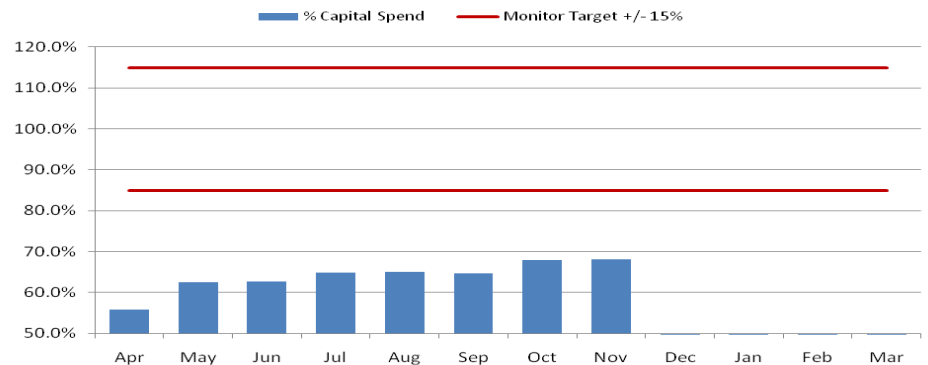
YTD Trust CIP Performance



Cash - Actual Cash vs Plan and Prior Year (£m)



YTD Capital Spend % of Plan

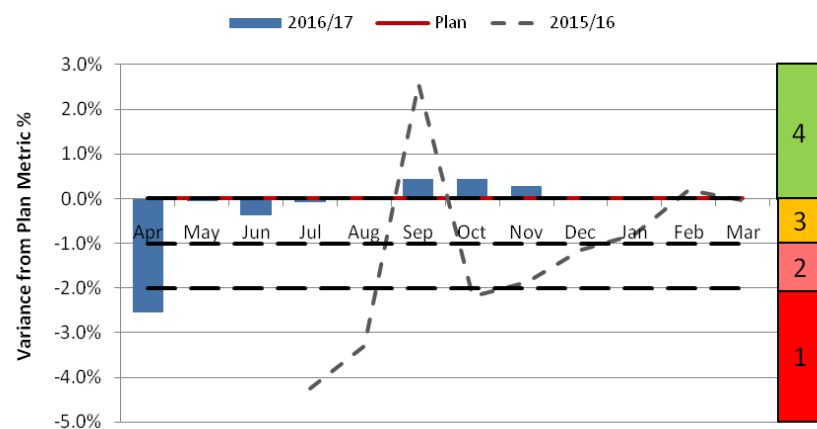


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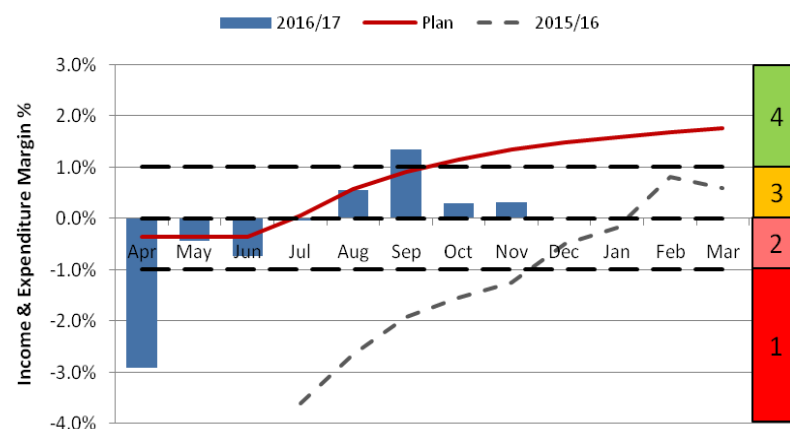
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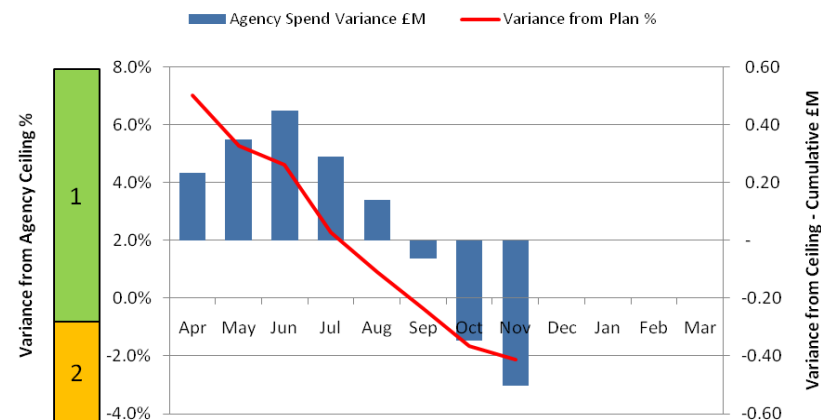
Variance from Plan



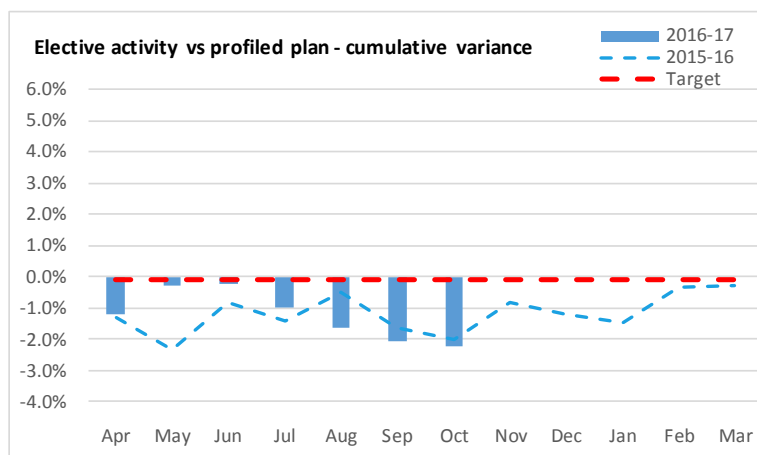
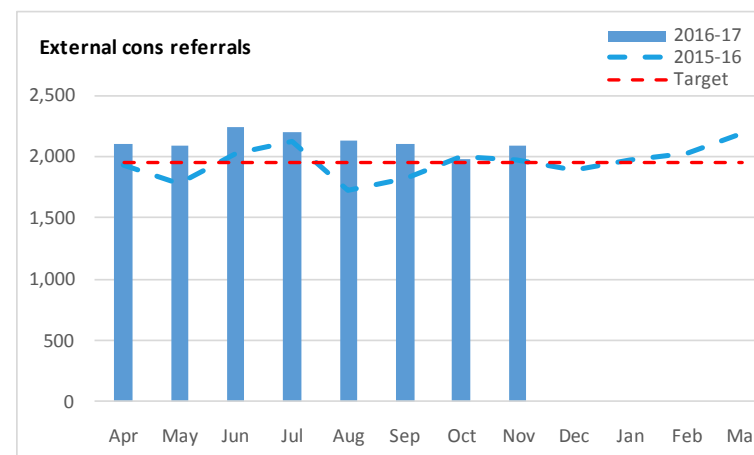
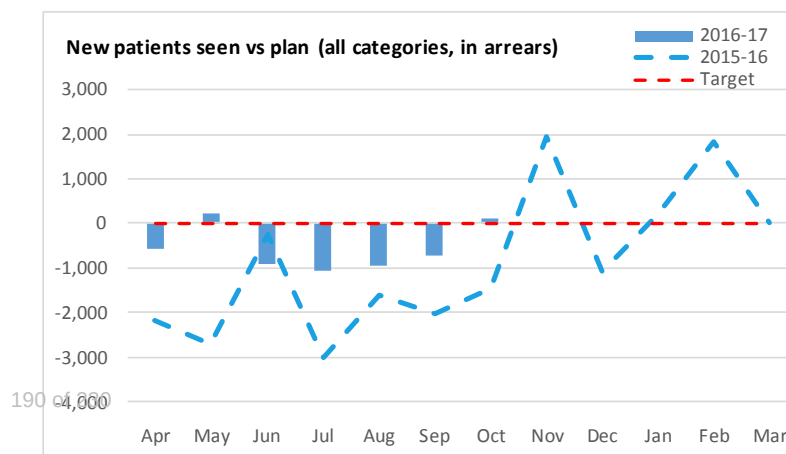
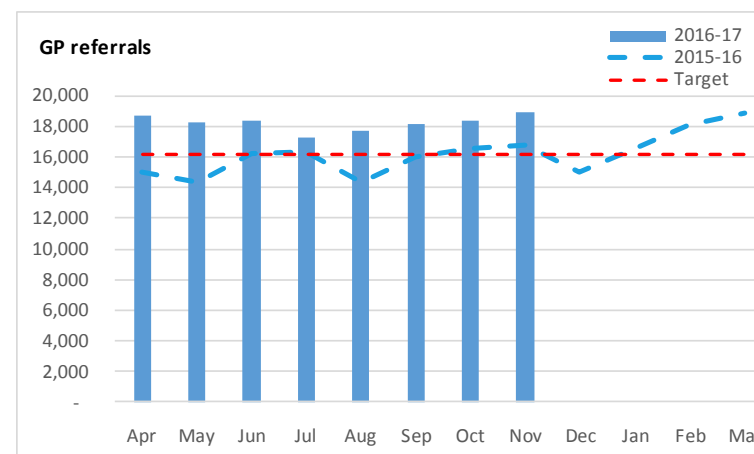
Income and Expenditure Margin



Reduction in Agency Spend - Variance

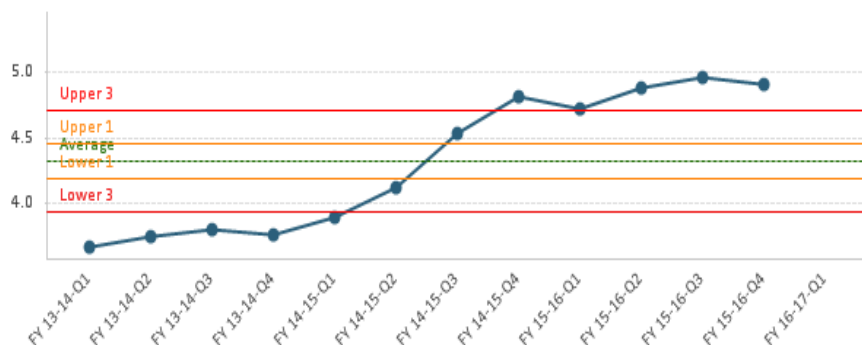


- We are behind on our cumulative variance for elective admissions and are working with directorates to improve this position. Our new patient profile is better than last year, but we are behind during Q2. Directorates are planning to improve their activity levels through increased capacity across elective and out-patient areas.
- Demand – as measured in referral volumes – has remained high for Q1 and has continued into Q2. For GPs it is currently 14% higher than the same period last year. This increases the level of concern around our ability to provide enough capacity to meet this level of demand in 2016-17. We have highlighted that growth above 5% compared to 15/16 has impacted on our ability to achieve the national standards. We are investigating the data further we have started a series of meetings with our CCG colleagues to determine what mitigating actions can be taken.

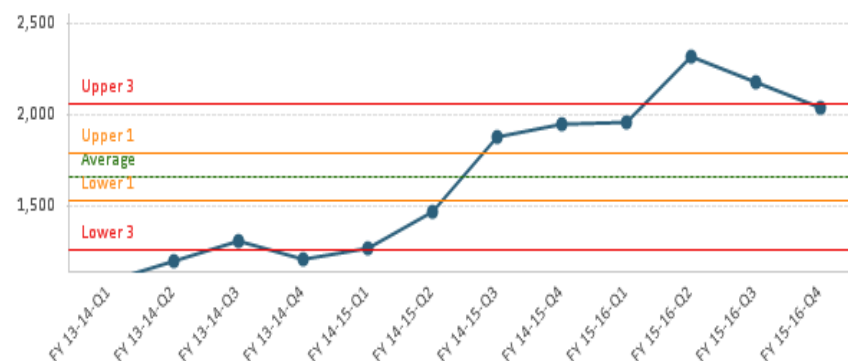


- Accurate and complete clinical coding of our activity is important to ensure patient safety, accurate benchmarking and appropriate payment for the services we provide. Improving the quality of all of our data ensures that the information on which we base decisions is reliable.
- Diagnostic depth - the average number of diagnoses recorded per admitted episode - increased to nearly 5 diagnoses during 2015-16 (top left) and we have re-set targets for further improvements in 2016-17. Capture of smoking status is being used as a lead indicator for how well we are capturing co-morbidities, especially by non-medical staff (top right). We are expecting to see further increases during 2016-17 as a result of more structured capture of patients' underlying medical conditions within E-noting. We anticipate that the current level still understates the true prevalence of smoking amongst our admitted patients.
- Within the community setting, the capture of outcomes from patient contacts is our key indicator (bottom left). Plans are in place to raise this back above 95% in 2016-17 following a dip in performance linked to the introduction of Advanced Care Notes – the new community clinical IT system.
- NHS number coverage (bottom right) is close to the target level of 98% overall. Particular measures are in place to try to improve capture of accurate demographic information amongst patients attending our A&E departments.

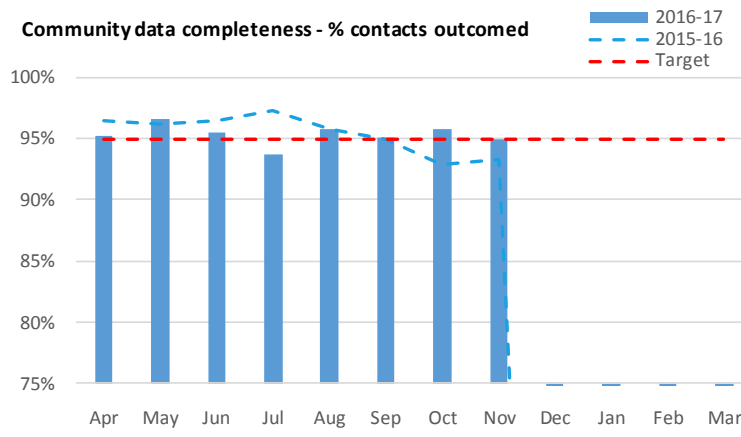
Diagnosis Depth by Quarter - SPC



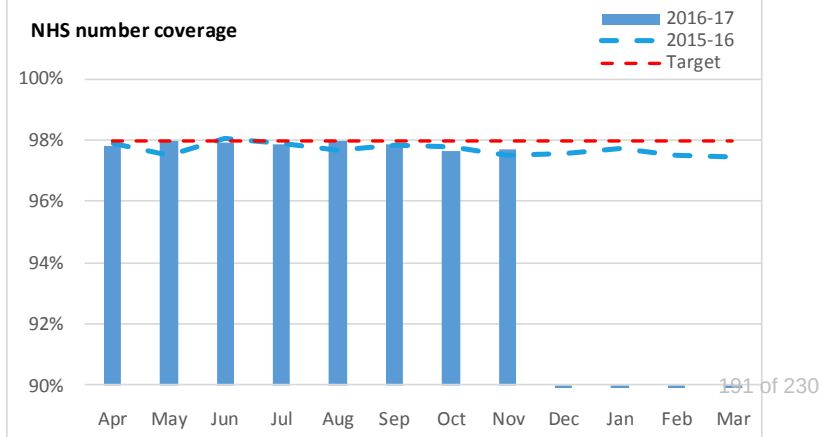
Number of Spells by Quarter - SPC



Community data completeness - % contacts outcomed



NHS number coverage



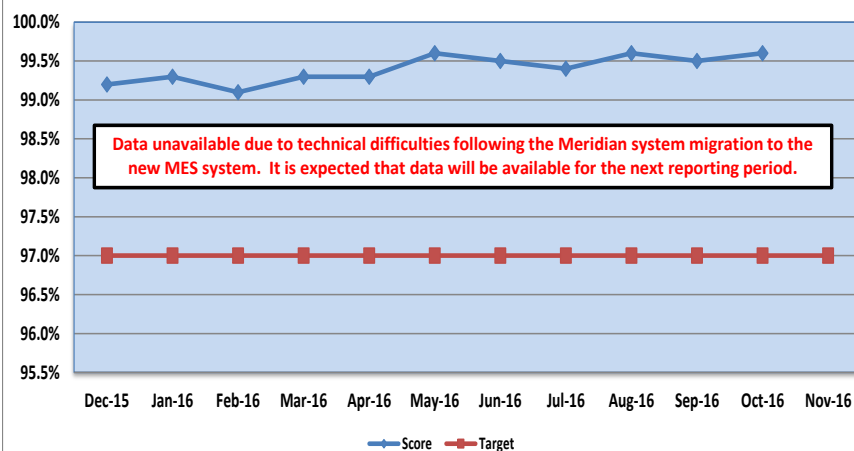
Summary:

- Cleanliness scores continue to meet and exceed the performance targets, both as measured in the monthly Inpatient survey and in the internal audits which are undertaken by Essentia staff. The monthly Inpatient Survey for cleanliness is conducted via 'Meridian', an on-line survey that is available on patients' bedside entertainment systems.
- Due to technical issues experienced during the migration of the Meridian system to the new MES system, survey information was not available for November 2016. It is expected that data will be available to be published for December reporting and are expected to maintain their current trend.
- Essentia's team of specialist internal auditors assess cleanliness against a range of National Patient Safety authority (NPSA) standards. The results of their audits is shown in the graph below, with an aggregate score of 99% being achieved in November against a target of 90%.
- The PLACE results were published in August and reflected the very strong success achieved in 2015. Cleaning was scored at 99.42% versus a national average of 98.1%.

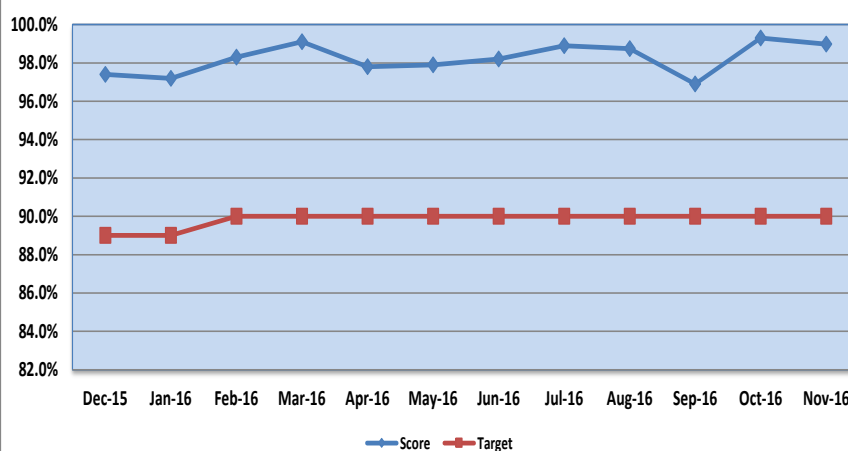
Action and Progress to Date:

- The NPSA target score is an aggregated score which is derived from the weighted profile of the clinical functional area risk categories across the Trust. This ensures that scores are consistently evaluated and comparable externally.
- The Guy's and St Thomas' housekeeping rapid response teams now have the capability to carry out ultra violet decontaminations. During November, over 80 decontaminations were carried out, which were in addition to Vaporised Hydrogen Peroxide (VHP), making a real contribution to the control of infection rates.

Inpatient Survey - Feedback on Ward Cleanliness



Internal Audit NPSA Trust Risk Profile



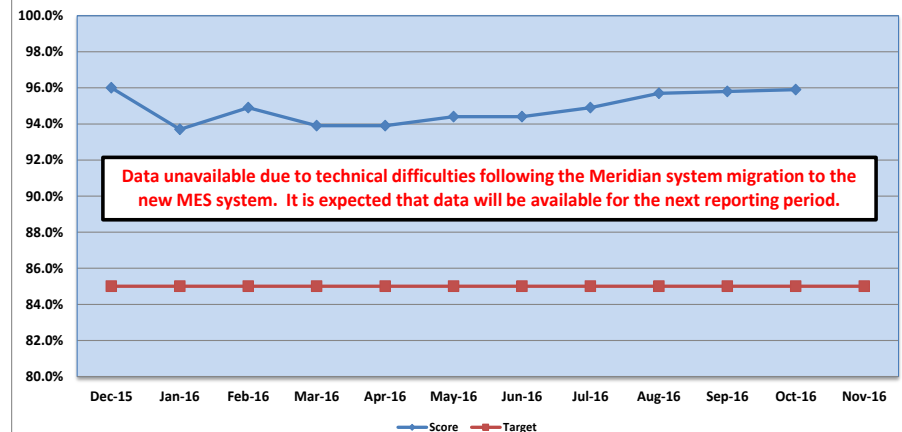
Summary:

- Inpatients' feedback on catering services (undertaken via the Meridian online survey) demonstrates a performance consistently above the locally set target of 85%. Due to technical issues experienced during the migration of the Meridian system to the new MES system, survey information was not available for November 2016. It is expected that data will be available to be published for December reporting and are expected to maintain their current trend.
- The PLACE results were published in August and catering were broadly comparable to 2015. The catering score was 91.88% versus a national average of 88.2% and was one of the strongest performers compared to our London peer group hospitals and the Shelford Group.
- A table and narrative of the Trust's Food Safety performance for November 2016 is at the bottom of this page.

Action and Progress to Date:

- Aligned with the Trust's Nutritional strategy, work continues to ensure that our staff catering and retail units meet the CQUIN requirements for healthy food.
- Following the successful award of the Serco contract to Barts Health NHS Trust, negotiations are continuing to finalise the contract. A phased mobilisation will commence in May 2017, completing in September 2017. Design and planning to increase the capacity and resilience of the St Thomas' kitchen is underway.
- The phased rollout of electronic 'tablet' meal ordering system continues at St Thomas' and will soon commence at Guy's. The system allows patient orders to be taken by the bedside within three hours of the next meal. This project is important in reducing food waste, and also in respect of quality as it ensures that patients are more likely to receive their first choice. In order to realise the full benefit, a restructuring of the catering stores is required to ensure that there are sufficient staff to immediately assemble ward orders once they are received; it is expected that this will be completed by the end of March 2017.

Inpatient Survey of Food Quality: Fair/Good/Very Good

Food Safety

Audit Area	Internal Audit Scores	Food Safety Rating (5 = Full Compliance)	Accreditation
CPU Kitchen	98%	5	SALSA
Wards	94%	5	-
Community Wards	96%	5	-
Trust Retail	93%	5	-
Trust Hospitality	92%	5	-
Trust Creche's	94%	5	-
Thomas Guys Club	94%	3	-
Goods-In Stores	93%	-	-

Food Safety

Independent internal food safety compliance monitoring is carried out unannounced in all Trust catering venues. The audits are conducted to assure compliance with the food hygiene regulations and adherence to the Trust's food safety policy and procedures. Food venues are also inspected periodically by the Local Authority Environmental Health Department who issue a food safety rating between 0 and 5, with 5 representing full legal compliance with the food safety and hygiene regulations.

Southwark Environmental Health visited Guy's site twice in November 2016. All areas were deemed to be satisfactory and Thomas Guy Club has now been re-rated as 5 for food hygiene, which is the maximum attainable. Some minor works were required as a result of the inspections, these have all been addressed.

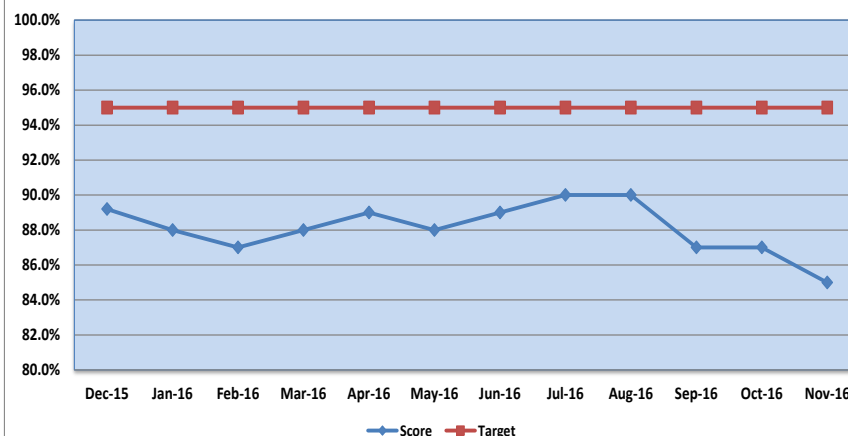
Summary:

- The new Patient Transport Service (PTS) contract commenced on the 1st December 2015. The new service is delivered by three providers: Savoy Ventures (75%), Essentia in-house (20%) and Bears / G4S (5%).
- Overall performance is in line with pre-contract levels but arrival times continue to remain extremely challenging. There are genuine mitigating factors relating to local and hospital site traffic conditions and continuing highways work local to hospital sites, notably the Tower Bridge closure from 1st October to end of December (reflected in the graph below). That said, we believe performance is capable of sustainable improvement. Continued efforts are being made with the transport providers to bring that about.

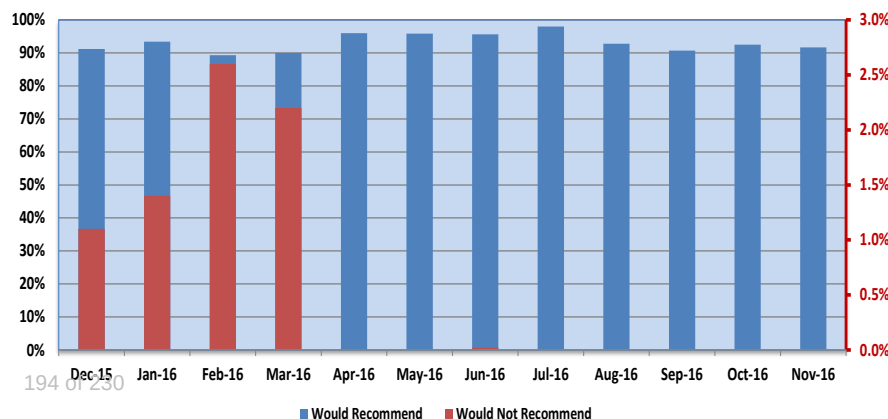
Action and Progress to Date:

- The Friends and Family score for November, in respect of 'would recommend', continues to reflect a decrease against the levels achieved in June/July when the service had reached its most stable since the new contract began in December 2015.
- The service to the majority of patients in the kidney units has gradually improved and whilst fragile, is generally being delivered to an acceptable standard. There are still challenges in respect of patients requiring ambulance transport as opposed to cars, a relatively small number of patients. Both transport providers (Savoy Ventures and G4S) are committed to bringing about an improvement and there are signs that these issues are being addressed. Additionally, the providers are being challenged with looking at innovative solutions that will provide an assurance that all renal patients arrive within 15 minutes of their treatment and depart within 15 minutes post treatment. Not only would this improve the patient experience, it will also release clinical time that is currently spent dealing with both transport issues and patients when issues arise.

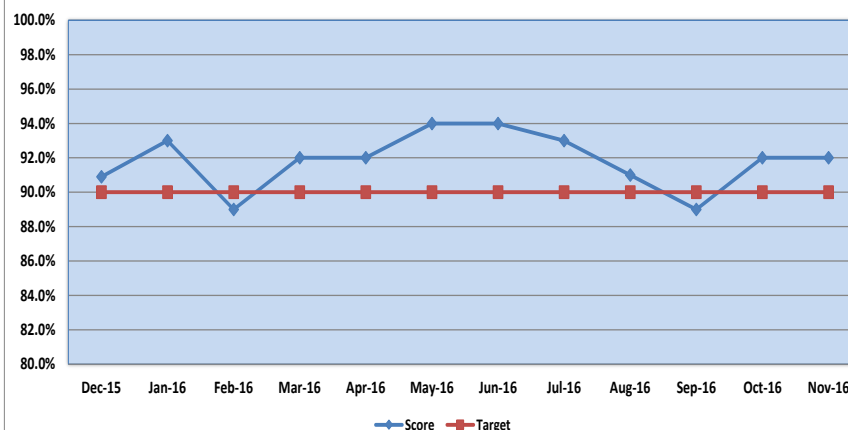
Patient Transport - Patients arriving within 90 minutes prior to appointment



Patient Transport - Friends and Family



Patient Transport - Patients picked up within 90 minutes of reporting 'ready to travel'



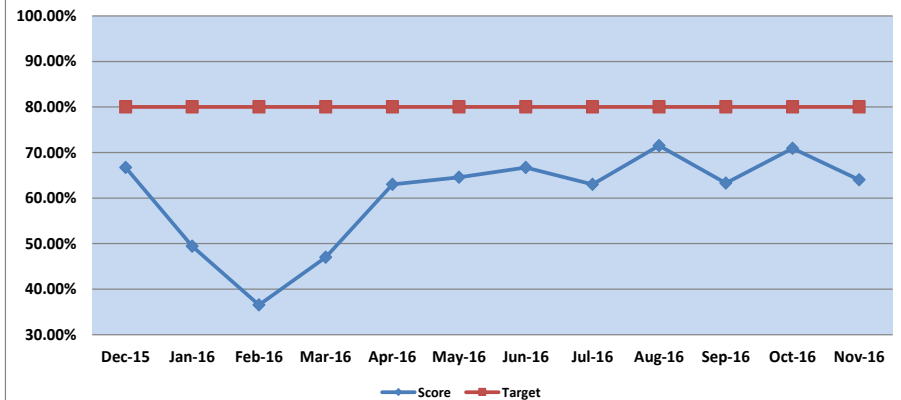
Summary:

- The Telephony service saw a deterioration in performance in November with all KPIs reducing on their respective reported figures for October. Staff sickness levels have increased and there have been a number of technical issues that have hindered the achievement of KPIs.
- Pick up of internal (22,240) and external (65,910) calls per month have reduced in performance for November placing the KPI for external calls into red status. Calls answered within 30 seconds has also returned to red status.

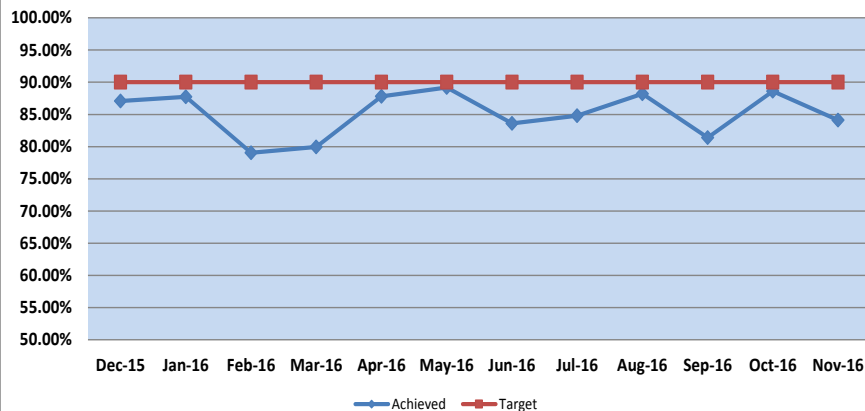
Action and Progress to Date:

- Recruitment for Band 3 operator positions has now been completed and a decision regarding the recruitment of a Band 6 Training & Improvements Manager will be made in the near future.
- Multi-skilling has remained a focus in November and as a result more than 30% of staff are now or being trained on a secondary service.
- Customer Services managers have been working towards building hot topics as part of the Essentia Way programme and adopting the 'back to the floor' principle within the department. This will allow staff of differing levels to shadow each other to fully understand the challenges and pressures of their colleagues.

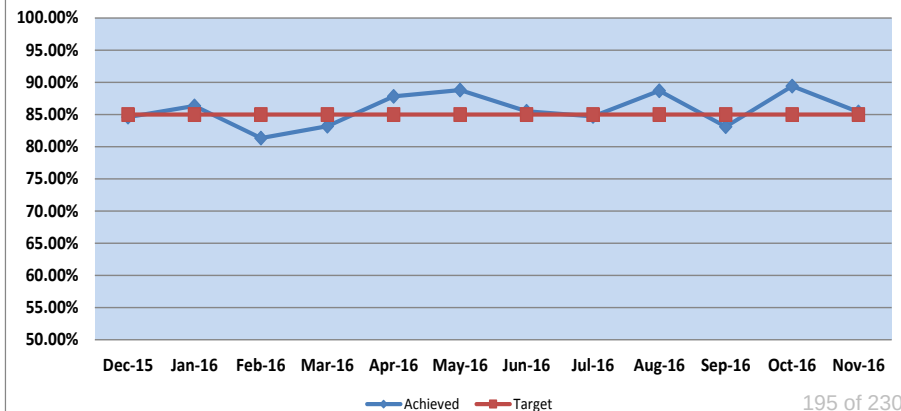
% of Calls Answered Within 30 Seconds



GSTT External Calls - % Achieved



GSTT Internal Calls - % Achieved



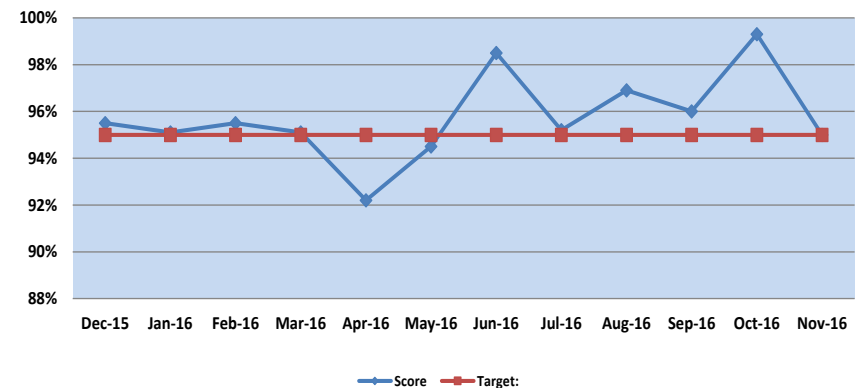
Summary:

- Following additional revenue investment in an enhanced out of hours maintenance regime, lift availability on the two acute sites has been running at approximately 95% each month, with November reported at 95%. (Lift availability represents up time in hours excluding scheduled lift maintenance).
- Priority 2 calls (responded to within 4 hours) have for much of the last 12 months, achieved and exceeded the target set out in the Service Level Agreement. The KPI measures the time it takes to respond to calls, as full resolution and repair may require out of hours work or the procurement of additional parts.
- 295 Priority 1 and 1,341 Priority 2 calls were logged in November, achieving a 90% and 78% performance respectively against a locally set target of 70%.

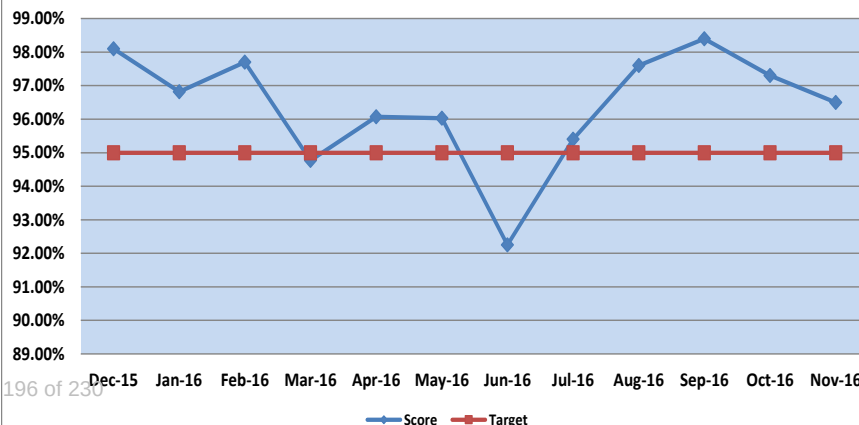
Action and Progress to Date:

- There have been some major infrastructure issues in November 2016.
- Priority 2 calls were reviewed by the Helpdesk due to some mis-categorisation that occurred. This has now been resolved satisfactorily.
- Capital Backlog Maintenance investment is being targeted at key elements of the lift infrastructure, where the age of the systems is an issue. Full replacement of three goods and passenger lifts formed part of the FY 2015/16 Backlog programme.
- Recruitment is underway to ensure resources required to maintain the new Cancer Treatment Centre are in place.

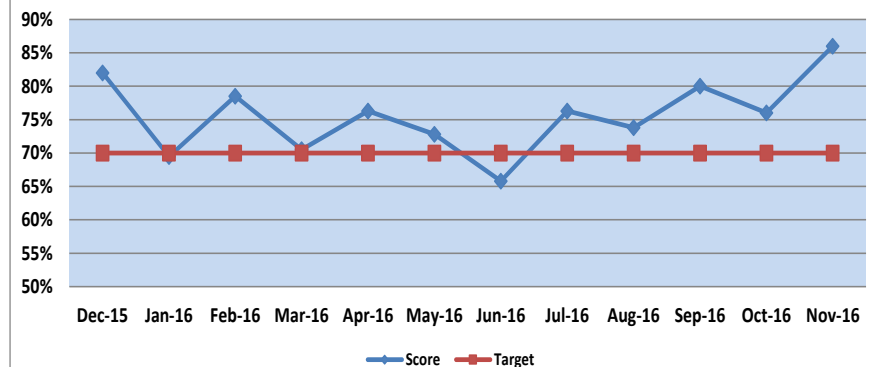
Guy's & St Thomas' - Lift Performance



Essentia Facilities Service Desk - % Calls Answered



Building & Engineering - Priority 2 Calls Attended within Target (4 Hours)



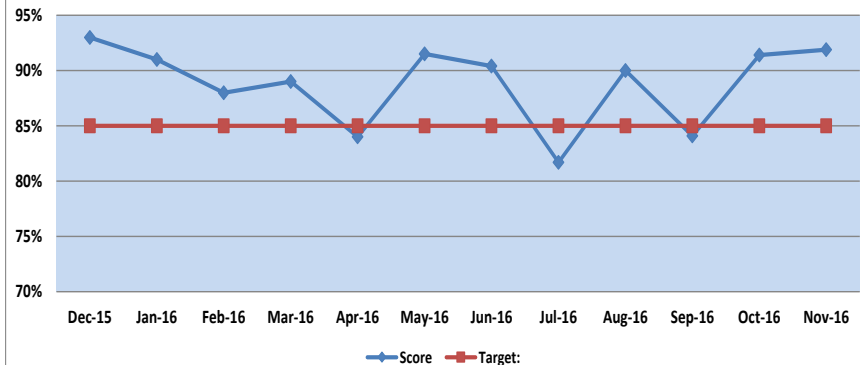
Summary:

- The agreed service level for customer satisfaction (85%) increased in performance in November being reported at 91.9%. Continued work is being done to increase the numbers of responses received. Trust members of staff are invited to provide feedback once their issue or problem has been resolved, and 86 members of staff completed the on-line survey in November.
- Incidents resolved within target breached it locally set target of 85%, being reported at 83.4% in November. This was due to a number of incident tickets being resolved outside the set target resolution date.

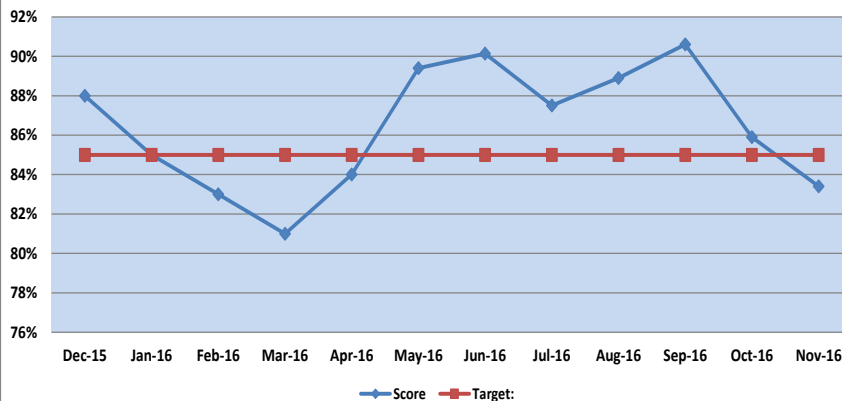
Action and Progress to Date:

- The average time to answer calls by the IT Service Desk was reported at 138 seconds against a target of 60 seconds, placing this KPI into red status.
- The highest number of calls offered to the Service Desk was recorded in November, totalling 14,893, this being a further 2,032 calls compared to October. This has had a detrimental effect on the average call answer time.
- There were 4 declared serious incidents experienced in November relating to PACS, Biztalk and EPR label printing.
- IT Service availability was generally very good with key IT services achieving the target of 99.9% uptime. Two applications (BizTalk and PACS) experienced a full outage and a further nine applications experienced partial unavailability for short periods, which had no impact to clinical activity.

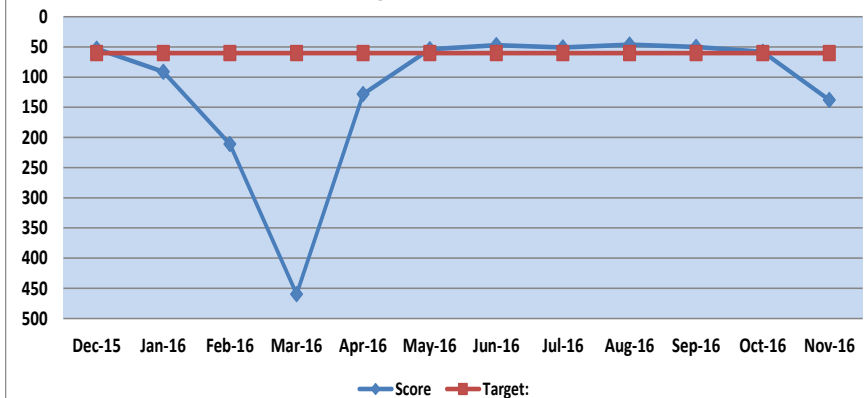
IT - Helpdesk User Satisfaction



IT - Incidents Resolved Within Target



IT - Service Desk Avg. Call Answer Time (Seconds)



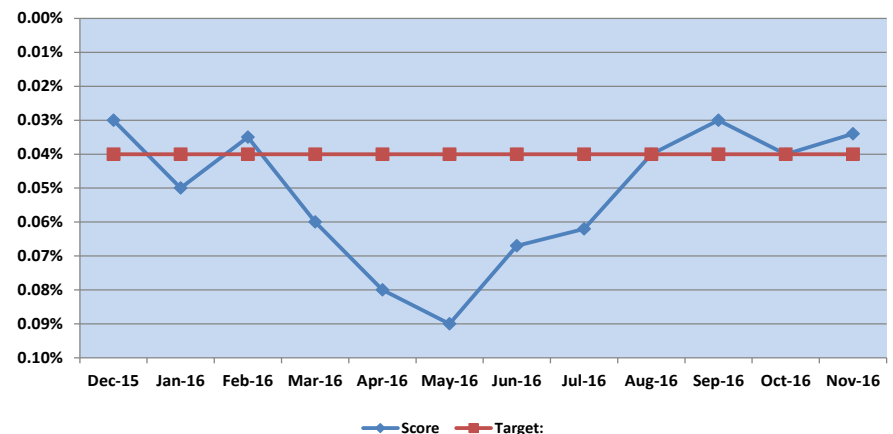
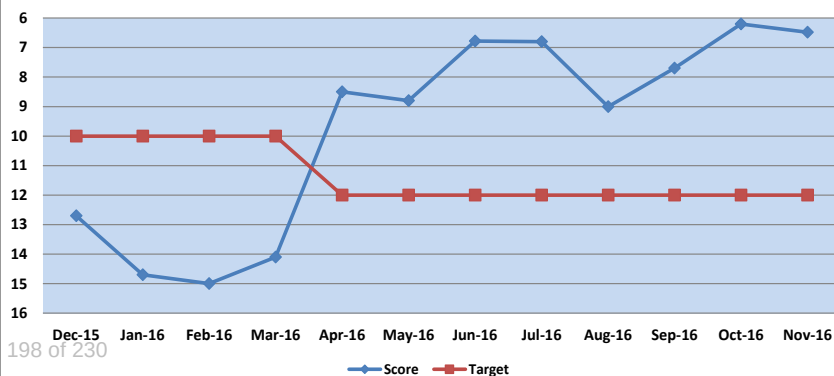
Summary:

- Non conformance levels improved to target at 0.036%.
- The average instrument processing time is 6.48 hours, against a target of less than 12.

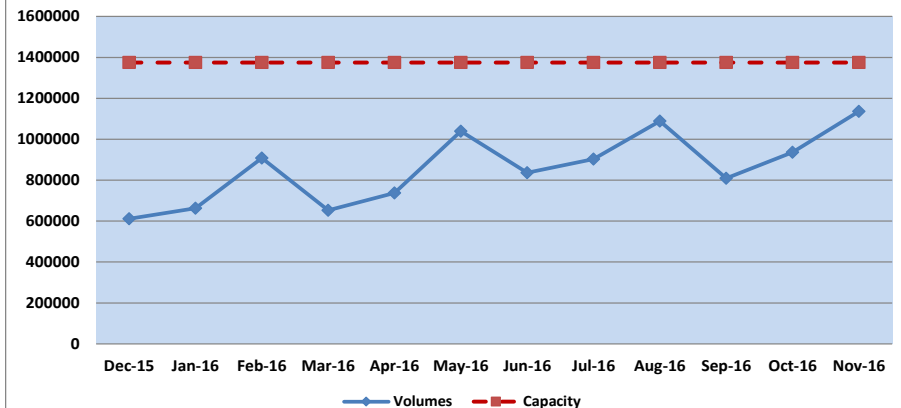
Action and Progress to Date:

- Activity volumes have continued to increase. In November an additional 199,714 instruments were processed compared to October, representing the highest volume recorded (over 1.13m).
- The teams continue to maintain instrument processing times ahead of target. Against a background of increased volumes this is a significant achievement.
- On the 30th November, the SSD unit at Guy's suffered a total steam loss for 24 hours and a drain blockage which caused flooding in the autoclave area. The business continuity plan was implemented and, despite the challenging circumstances, no patient cancellations or delays were incurred. Instrument processing was transferred to St Thomas', which demonstrated the service resilience created by having operational capacity on both sites

Sterile Services - Non Conformities

Sterile Services - Average Instrument Processing
Turnaround Time (in hours)

Sterile Services - Instrument Volumes



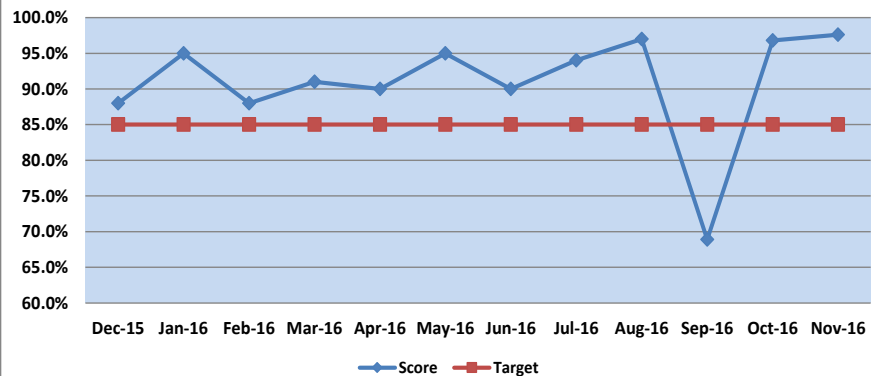
Summary:

- Community teams are consistently achieving and exceeding their targets for reactive and PPM maintenance.
- Community cleanliness scores consistently exceed the 95% target.

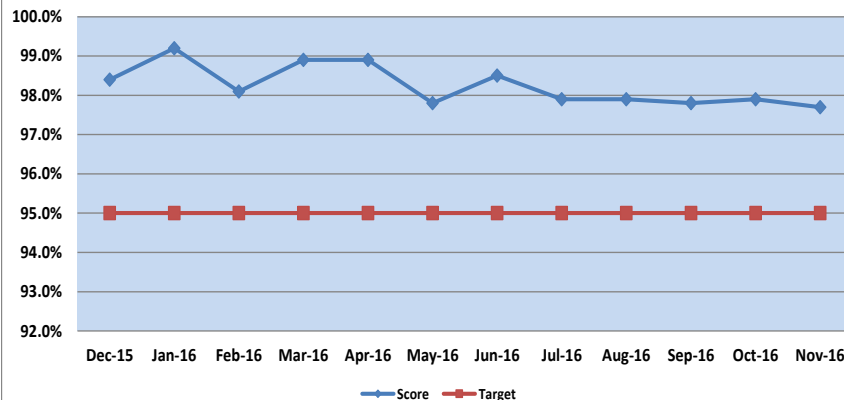
Action and Progress to Date:

- Reactive Maintenance is tracking consistently above its target of 80% with November reported at 93%.
- Community PPM tasks was reported at 97.6% in November.
- Community cleaning scores continue to exceed the target of 95%, being reported at 97.7% in November.

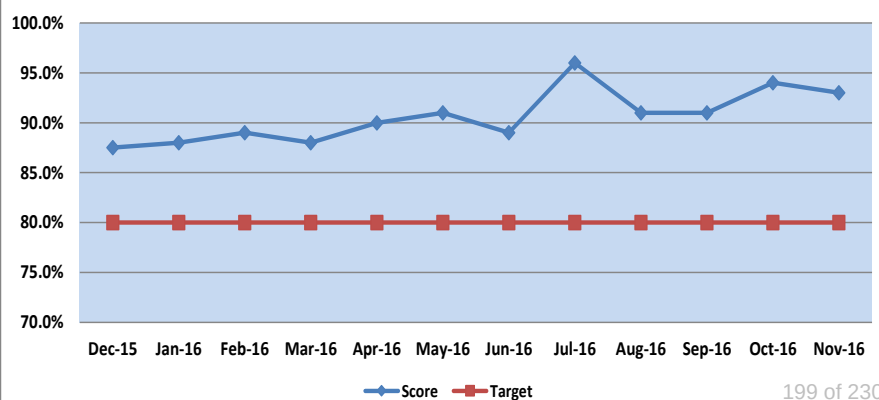
Community - PPM Tasks Completed



Community - Cleaning Scores



Community - Reactive Maintenance



Domain			Type	Target	Trust-wide	Acute Medicine	Perioperative, Critical Care & Pain	Surgery	Cardiovascular Services	Abdominal Medicine and Surgery	Oncology And Haematology	Women's Services	Clinical Imaging & Medical Physics	Medical Specialities	Dental Services	GRIDA	Therapies	Adult Community Services	Children's Community Services	Children's Medical Services	Children's Surgical Services	Monitor	COJIN	Fit for Future workstream	Quality priorities	Local
Safe	Patient safety - Incident Reporting	Total incidents reported	Number	-	2,341	427	223	43	117	97	260	207	59	38	63	33	11	250	28	215	0					
		Incidents - Reported on STEIS (total number)	Number	-	9	3	0	0	1	0	0	1	2	0	0	0	0	1	0	0	0					
		Incidents reported on Datix that are STEIS reportable (total r	Number	-	7	3	0	0	1	0	0	0	2	0	0	0	0	1	0	0	0					
		Never Events	Number	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in unexpected death	Number	-	3	0	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0					
		Incidents resulting in severe harm	Number	-	5	1	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0					
		Incidents resulting in moderate harm	Number	-	24	0	2	2	3	2	0	2	0	0	1	0	0	7	0	2	0					
		Incidents resulting in low harm	Number	-	339	55	25	7	6	9	21	56	8	20	13	5	2	51	3	38	0					
		Incidents resulting in no harm	Number	-	1,442	306	139	30	91	61	205	133	38	8	27	21	6	90	11	142	0					
		Incidents resulting in unexpected death - reported on STEIS	Number	-	2	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0					
		Incidents resulting in severe harm - reported on STEIS	Number	-	3	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0					
		Incidents resulting in moderate harm - reported on STEIS	Number	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in low harm - reported on STEIS	Number	-	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0					
		Incidents resulting in no harm - reported on STEIS	Number	-	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0					
	Patient safety Harm Free Care	Never events (confirmed)	Cases	Zero	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
		Patient slips trips falls (DATIX)	Cases	-	172.0	76.0	1.0	10.0	16.0	7.0	15.0	7.0	1.0	0.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0					
		Incidence of falls per 1000 bed days	Number	-	5.5	10.9	0.8	5.3	3.6	3.1	4.2	2.6	17.2	0.0	0.0	0.0	-	0.0	-	0.3	0.0					
		Falls with moderate or severe harm	Cases	0	3.0	2.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
	Infection Control and Cleanliness	Pressure ulcer acquisitions (grade 2 and above)	Number	0	2.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
		MRSA screening of admissions	Mthly %	>95%	91%	63%	97%	97%	96%	98%	96%	96%	100%	97%	100%	100%	-	-	-	75%	97%					
		MRSA bacteraemia (Trust-attributable)	Number	Zero	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
	Screening	C-Diff acquisitions	Number	0	3.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
		VTE screening (externally reported)	Mthly %	>95%	96%	94%	93%	91%	85%	99%	95%	95%	89%	99%	100%	99%	-	100%	-	100%	65%					
		Dementia screening (patients aged over 75)	Mthly %	>90%	84%	86%	-	53%	91%	89%	78%	-	-	100%	-	-	-	-	-	-	-					
	Mortality	Deaths in hospital - number in month	Number	-	97.0	43.0	5.0	1.0	16.0	3.0	17.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	2.0					
Caring	Admitted care	Friends and Family test (Ward) - Response rate	Mthly %	>=33%	23%	24%	30%	51%	20%	34%	29%	22%	-	-	-	-	-	80%	-	18%	-					
		Friends and Family test - % Recommended (Ward)	Mthly %	>=97%	96%	96%	100%	94%	98%	91%	99%	93%	-	-	-	-	-	100%	-	99%	-					
		Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%	2%	1%	0%	1%	2%	4%	1%	3%	-	-	-	-	-	0%	-	1%	-					
		Overall inpatient patient experience score	Mthly %	>89%	90%	89%	90%	90%	89%	90%	90%	88%	93%	98%	-	91%	-	-	-	-	-					
		Single sex compliance - breaches (all types)	Cases	Zero	4.0	0.0	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
		Patients cancelled on day (in arrears)	Cum %	<0.8%	1.3%	-	1.2%	1.1%	5.2%	3.1%	1.5%	1.5%	-	0.9%	0.2%	-	-	-	-	2.4%	2.4%					
	Outpatient care	Overall outpatient patient experience score	Mthly %	>89%	91%	98%	96%	92%	85%	85%	88%	90%	81%	85%	94%	90%	92%	-	-	-	66%					
		Friends and Family test - % Recommended (Outpatients)	Mthly %	-	93%	90%	92%	90%	92%	95%	94%	93%	80%	91%	96%	93%	96%	-	-	93%	96%					
		Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-	3%	5%	4%	5%	4%	2%	3%	3%	10%	4%	2%	3%	2%	-	-	3%	2%					

Appendix: directorate-level heatmap (2 of 2)

Domain			Type	Target	Trust-wide	Acute Medicine	Perioperative, Critical Care & Pain	Surgery	Cardiovascular Services	Abdominal Medicine and Surgery	Oncology And Haematology	Women's Services	Clinical Imaging & Medical Physics	Medical Specialities	Dental Services	GRDA	Therapies	Adult Community Services	Children's Community Services	Children's Medical Services	Children's Surgical Services	Monitor	CQUIN	Fit for future workstream	Quality priorities	Local
Responsive	RTT	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%	89%	88%	53%	85%	77%	90%	82%	95%	84%	97%	96%	91%	95%	97%	100%	75%	83%					
		RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%	80%	96%	79%	75%	72%	78%	74%	81%	92%	91%	84%	96%	-	100%	-	91%	64%					
		RTT - Incomplete pathways < 18 weeks (unadjusted)	Mthly %	>92%	90%	95%	89%	85%	85%	89%	80%	92%	87%	97%	96%	96%	95%	99%	100%	87%	80%					
		RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero	26.0	0.0	0.0	10.0	2.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.0					
		RTT - Total incomplete pathways	Mthly	-	58,112	2,485	2,231	4,610	3,886	2,701	6,075	2,920	139	5,886	8,025	7,838	1,178	130	3	2,701	3,015					
	Cancer access	RTT - Incomplete pathways over 18 weeks	Mthly	-	5,898	136	251	683	582	297	1,229	221	18	169	325	328	61	1	0	362	618					
		Cancer - 2 week wait	Qtly %	>93%	92%	97%	-	-	-	94%	94%	95%	-	89%	-	90%	-	-	-	100%	-					
		Cancer - breast symptomatic referrals <2 wks	Qtly %	>93%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%					
		Cancer - 31 day first treatments	Qtly %	>96%	95%	96%	-	-	-	95%	96%	100%	-	0%	-	91%	-	-	-	-	-					
		Cancer - 31 day subs treatments - surgical	Qtly %	>94%	91%	-	-	-	-	88%	86%	100%	-	-	-	93%	-	-	-	-	-					
		Cancer - 62 day urgent GP referrals	Qtly %	>85%	69%	46%	-	-	-	83%	60%	88%	-	-	-	50%	-	-	-	-	-					
		Cancer - internal 62-day referrals	Qtly %	>85%	81%	67%	-	-	-	90%	75%	75%	-	-	-	33%	-	-	-	-	-					
		Cancer - 62 day screening	Qtly %	>90%	33%	-	-	-	-	33%	33%	-	-	-	-	-	-	-	-	-	-					
			Mthly	<1%	1%	0%	-	-	0%	17%	1%	-	1%	0%	-	-	-	-	-	7%	0%					
	Diagnostics	Diagnostic waits - % over 6 weeks	Cum ALOS	<last yr	3.4	1.8	5.5	3.0	5.1	3.3	4.3	3.1	1.1	3.4	4.2	7.8	0.0	41.9	0.0	2.5	1.8					
		Average length of stay (elective)	Cum ALOS	<last yr	8.8	6.7	23.3	9.7	2.3	6.7	15.1	9.1	0.0	65.1	0.0	40.3	0.0	19.6	0.0	5.9	31.3					
Effective	Bed management	Non-elective average LOS >1 night	Mthly %	>25%	20%	34%	50%	20%	9%	14%	20%	8%	54%	16%	33%	7%	-	78%	-	16%	29%					
		Discharges before noon	Cum %	<4%	5%	3%	5%	6%	7%	6%	8%	1%	1%	8%	4%	4%	2%	1%	0%	4%	5%					
		Appointments re-scheduled by hospital <6wks	Ratio	2.11	2.20	2.32	1.80	1.45	4.94	3.74	2.76	0.90	0.69	2.72	2.55	1.61	-	-	-	2.88	2.10					
	Outpatient mgt	Follow-up ratio - adj cons appts (in arrears)	Mthly %	<11%	12%	16%	10%	8%	22%	18%	14%	12%	9%	13%	6%	11%	-	-	29%	15%	10%					
		Non-attendance rate (new appts)	Mthly %	>85%	85%	-	-	81%	97%	58%	79%	90%	-	98%	-	-	-	-	-	75%	79%					
		Daycase rate - basket (in arrears)	Mthly %	<7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%					
	Theatre management	Theatres Gross Cancellation Rate (in arrears)	Cum %	<5.7%	5.8%	11.4%	1.5%	3.6%	4.7%	5.6%	9.9%	2.4%	2.2%	1.6%	0.2%	2.2%	0.0%	8.3%	0.0%	3.3%	1.9%					
		Emergency readmissions (within 28 days - in arrears)	Cum %	<3.5%	3.7%	8.2%	0.9%	2.6%	3.1%	3.1%	6.2%	1.7%	0.9%	1.0%	0.1%	1.4%	0.0%	6.7%	0.0%	2.1%	1.5%					
	Readmission mgt	Emergency readmissions (within 14 days - in arrears)	Qtly %	>90%	84%	86%	-	53%	91%	89%	78%	-	-	100%	-	-	-	-	-	-	-					
		Patients >75 asked dementia screening question	Cum %	>98%	98%	93%	100%	98%	100%	100%	100%	99%	100%	100%	93%	99%	99%	100%	100%	99%	99%					
	CQUIN - general	Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5	4.7	6.8	4.6	4.2	6.9	6.1	4.7	6.2	3.6	3.5	2.3	3.6	-	12.3	-	2.8	3.3					
		Elective activity vs profiled plan - cumulative variance	Cum var %	>0%	-2%	6%	-4%	-2%	-10%	-10%	-4%	-5%	24%	2%	2%	-11%	0%	0%	0%	5%	-5%					
Enablers	Data quality	New patients seen vs plan (all categories, in arrears)	Mthly var	>0	107	117	-4	124	-440	35	-182	-111	-44	26	280	340	-2	0	0	-85	-32					
		External cons referrals	Number	>last yr	2,087	86	59	262	230	104	257	42	17	52	42	322	8	0	0	188	192					
	Activity (magic numbers)	GP referrals	Number	>last yr	18,878	509	206	694	912	599	1,762	2,183	4	1,529	2,927	1,881	3,745	54	0	226	333					

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BOARD OF DIRECTORS	Guy's and St Thomas'  NHS Foundation Trust
Financial Report for the nine months to 31st December 2016	25th January 2017

This paper is for:		Sponsor:	Martin Shaw	
Decision		Author:	Peter Parr	
Discussion	✓	Reviewed by:		
Noting	✓	CEO*		
Information		ED*		
		Board Committee*		
		TME*		
		Other*		

* *Specify*

1. Summary

- 1.1 Following communication from NHSI on the 22nd June 2016, the Trust submitted an updated plan within the required deadline of the 29th June 2016.
- 1.2 The reported position is based on the updated annual plan of an underlying loss of £2.4M and Donated capital receipts of £27.2M.
- 1.3 The financial report shows an underlying loss of £2.0M on income and expenditure against an YTD planned loss of £4.8M for the nine months to 31st December 2016. This is a favourable variance to plan of £2.8M.
- 1.4 Donated Capital receipts of £21.5M have been recorded, which is £1.1M ahead of the equally phased plan and a profit on disposal of land and buildings of £0.4M and an impairment charge of £0.4M.

	Annual Plan £m	YTD Plan £m	YTD Actual £m	Variance £m
Performance against Plan	(2.4)	(4.8)	(2.0)	2.8
Donated capital receipts	27.2	20.4	21.5	1.1
Total Surplus \ (Deficit)	24.8	15.6	19.5	3.9
Impairment	0.0	0.0	(0.4)	(0.4)
Profit \ (Loss) on Disposal	0.0	0.0	0.4	0.4
Comprehensive (Expenditure) \ Income	24.8	15.6	19.5	3.9

2. Request to the Board of Directors

The Board of Directors are asked to:

- Note the reported current financial position a loss of £2.0M, which is £2.8M favourable to plan
- Note the receipt of capital donations of £21.5M, which is £1.1M more than plan
- Note the profit on disposal of £0.4M and the impairment also of £0.4M
- Note the assumptions made and the potential risks high-lighted in 3.1 that under-pin the year to date loss of £2.0M
- Note the Finance and use of resources metrics and the achievement of a year to date overall rating of two, which is in line with plan, and that the current projection also achieves an overall rating of two, which is also in line with plan.
- Note the delivery of CIPs and income growth in 5.1 of £58.7M, which is £6.7M less than plan at the end of December

3. Assumptions made in the Reported Position

3.1 The assumptions made in the reported position include a number of potential risks and opportunities:

- An assessment of Commissioning income to the end of November and an early view of December indicates the Trust is some £2.9M below the over performance target against a plan phased in equal twelfths.
- Agreement has been reached with Lambeth and Southwark commissioners in respect of payment of over performance and this is being reflected within the year to date position
- Accrued income in respect of partially completed spells (patients not yet discharged) has increased by £0.5M, above the accrual made at the end of last financial year and by £1.0M when compared to last month.
- The reported position assumes that at December the Trust will receive £11.7M of its planned £14.4M in respect of its agreed Sustainability and Transformation funding of £19.2M.
- Discussions with our commercial partner continue with regard to income receipts relating to the CTC.
- The assumptions underpinning the Public Dividend Capital payment (PDC) have been re-assessed; it is now expected that this will be some £3.0M less than plan, driven by higher cash balances and a reduction in taxpayer's equity.
- Trust reserves of £3.0M are not required for their original purpose and have been released, £2.3M of which is reflected in the YTD position
- Slippage against the capital programme and a review of asset lives has resulted in a £4.9M under spend against planned depreciation
- The Trust plan assumes CIP delivery will not happen equally and that £3.0M of CIPs will happen later in the year.
- The final billing in respect of 2015/16 clinical activity now finalised. The final invoices raised were £4.3M higher than estimated at year end. This benefit is now included in the reported position.
- Whilst the full income is now recognised in respect of 2015/16 clinical activity, £2.9M of this remains unpaid. In line with the Trust's policy on outstanding prior year CCG \ NHSE debt, this has been fully provided; this position will improve further as outstanding debt is paid.

3.2 A loss of 0.7M was recorded in December which is £1.5M worse than plan, the significant drivers include:

- CCG \ NHSE income not allocated to Directorates was £0.5M above plan, primarily due to payment for activity previously under a block contract and an increase in respect of the accrual for partially completed spells
- A significant increase in current year CCG \ NHSE provisions due to an increase in both the value and more significantly the age of outstanding debt, resulting in adverse performance of £1.7M for December
- Reserves and balance sheet benefits of £3.0M, where reserves of £3.0M, no longer required for their original purpose have been identified and have been released to improve current performance
- The review of the assumptions underpinning the PDC payment, and slippage on the capital programme against an equally phased plan have resulted in a favourable movement of £0.6M
- The performance of Clinical directorates in December was £1.0M worse than plan, this compares to a monthly average over spend of £1.7M between April and November
- The performance of corporate and the commercial directorate in December was £0.7M worse than plan, this compares to a monthly average over spend of £0.1M between April and November
- The un-winding of the CIP phasing adjustment resulted in a £1.0M adverse variance in month
- Other income not specifically allocated to Directorates deteriorated by £0.8M in December, the main drivers of which were:
  - Sustainability and Transformation funding £0.5M less than plan, reflecting operational performance against trajectories. The outcome of the recent appeal has been adjusted for in the current projection.
  - Whilst discussions continue with our commercial partner on the CTC income receipts no income is currently being accrued, an adverse variance of £0.4M

4.0 Single Oversight Framework: Finance and Use of Resources Metrics (Page 2)

- 4.1 The single oversight framework, introduced in October 2016, segments providers based on the level of support each provider needs across five themes, one of which is finance and the use of resources.
- 4.2 The scoring has now reversed (compared with the FSRR ratings) so that one is now the highest score and four is now the lowest.
- 4.3 As before the overall weighted risk rating is calculated as an average of each of the five individual metrics with each being equally weighted. If any single metric is scored as a four (the lowest) then the highest weighted risk rating that can be scored is a three.
- 4.4 The Trust plan at month nine is a 2. The rating achieved YTD is a 2 with no metrics rated as a four.

5.0 Cost Improvement Plan (CIP) Delivery (Page 5)

- 5.1 The Trust has delivered CIPs of £58.7M to the end of December, which after accounting for the CIP phasing adjustment of £3.0M is reported as £6.8M less than plan.
- 5.2 Clinical and Corporate Directorates have been asked to deliver a CIP and income growth target of £94.2M. Through FFF and local directorate initiatives £43.8M is projected to be achieved, in addition reserves of £20.0M have been released to Directorates to off-set their Unidentified CIPs thus increasing their overall contribution to £63.8M.
- 5.3 Directorates have £23.1M currently shown as unidentified CIPs , opportunities through prior year income, reduced provisions, a review of asset lives and a reduction in the PDC payment are projected to realise £16.8M and to in part mitigate the shortfall.

6.0 Availability of Operational Capital (Page 1)

- 6.1 The reported performance to date indicates a year to date decrease of £2.1M against planned operational capital after adjusting for non cash items and the current projection would be a deterioration of £4.6M.

Appendix A – Financial Report for the nine months to 31st December 2016

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Integrated Performance Report

M09 2016–17 Executive Summary

Risk ratings

Financial Use of Resources Rating:

16/17 Plan:	YTD	FY	Performance:	YTD
	2	2	Current	2
			Previous Mth	2

Summary Performance:

- The Trust has recorded a YTD loss of £2M, which is £2.8M better than the planned loss of £4.8M
- Use of resources metric: a rating of 2 against a plan of 2
- The Trust plan assumes an increase in CIPs later in the YTD, this is reflected by a phasing adjustment of £3.0M at December
- The cash balance of £137.0M is a reduction of £14m from last month this was partly due to the repayment of the ITFF loan

Summary Income & Cash Flow vs Plan

£m	2016/17 - M07			Previous Month	
	Plan	Actual	Variance	Actual	Variance
Operating Income for EBITDA	1,037.0	1,030.3	(6.7)	915.7	(6.1)
Employee Expenses	(582.3)	(573.5)	8.8	(509.9)	8.1
All other operating expenses	(397.7)	(404.4)	(6.7)	(358.7)	(4.3)
EBITDA	57.0	52.4	(4.6)	47.1	(2.2)
Surplus/(Deficit) pre exceptionals	(4.8)	(2.0)	2.8	(1.2)	4.4
Net Surplus/(Deficit)	15.6	19.5	3.9	17.3	4.7
EBITDA %	100.0%	91.9%	(8.1%)	95.5%	(4.5%)
Capital Expenditure ¹	119.8	80.7	39.1	74.0	34.6
Net Cash Flow ¹	(13.1)	(14.0)	(0.9)	7.0	15.9
Cash & Cash Equivalents ¹	116.8	137.0	20.3	151.0	21.2
CoSRR Liquidity Days	3.6	14.1	10.4	16.2	12.5
CIP Performance %	100.0%	89.5%	(10.5%)	94.1%	(5.9%)
Net Current Assets ¹	33.2	70.1	37.0	77.6	38.9
Borrowings ¹	(215.2)	(217.7)	(2.5)	(220.1)	(1.9)

1. Plan is set Quarterly with Monitor - Monthly plan is extrapolated

Key risks

Financial Performance

- Draft November reports were reviewed against a plan profiled in straight-twelvths. The cumulative position to the end of December has been assessed as being £2.8M behind plan
- Clinical Directorates are £14.7M over spent, driven by unidentified CIPs of £12.5M, partly off-set by under spends across pay and clinical supplies
- Corporate Directorates are £1.8M over spent, driven by unidentified CIPs of £4.8M, and over spends within Essentia and Workforce.
- The back-phased plan assumes that £3.0M of the currently unidentified CIPs will be identified during the remaining months
- Reserves of £20.0M have been allocated to Directorates to mitigate unidentified CIPs
- The cash balance of £137.0M is a reduction of £14m from last month due to the December repayment of the ITFF loan

Action taken / committed

- The Trust implemented a recovery plan during 2015/16 to ensure we delivered our financial plan. To support this work, a new multi-disciplinary financial recovery team was created led by Hannah Coffey (Director of Improvement) and Chris Bowler
- External consultancy support was obtained to advise on our turnaround approach and to identify key lines of enquiry, primarily based on cost reduction. Additional support has also been provided to support the most financially challenged directorates.
- An Executive Director level post – Director of Improvement – to drive and lead major programmes of improvement work, including Fit for the Future and our continuing financial recovery programme has been created.
- The Trust holds monthly performance review meetings with all clinical directorates to ensure progress toward targets are on track and actions are in place to close any shortfalls.
- The outcomes of the cost base reviews were reviewed across all clinical directorates in September and action plans agreed

Gaps and residual concerns

- The Fit For the Future programme (FFF) is developing further programmes for 2016/17
- All CIPs are mapped to Fit for the Future programmes which will help support their delivery.



Integrated Performance Report

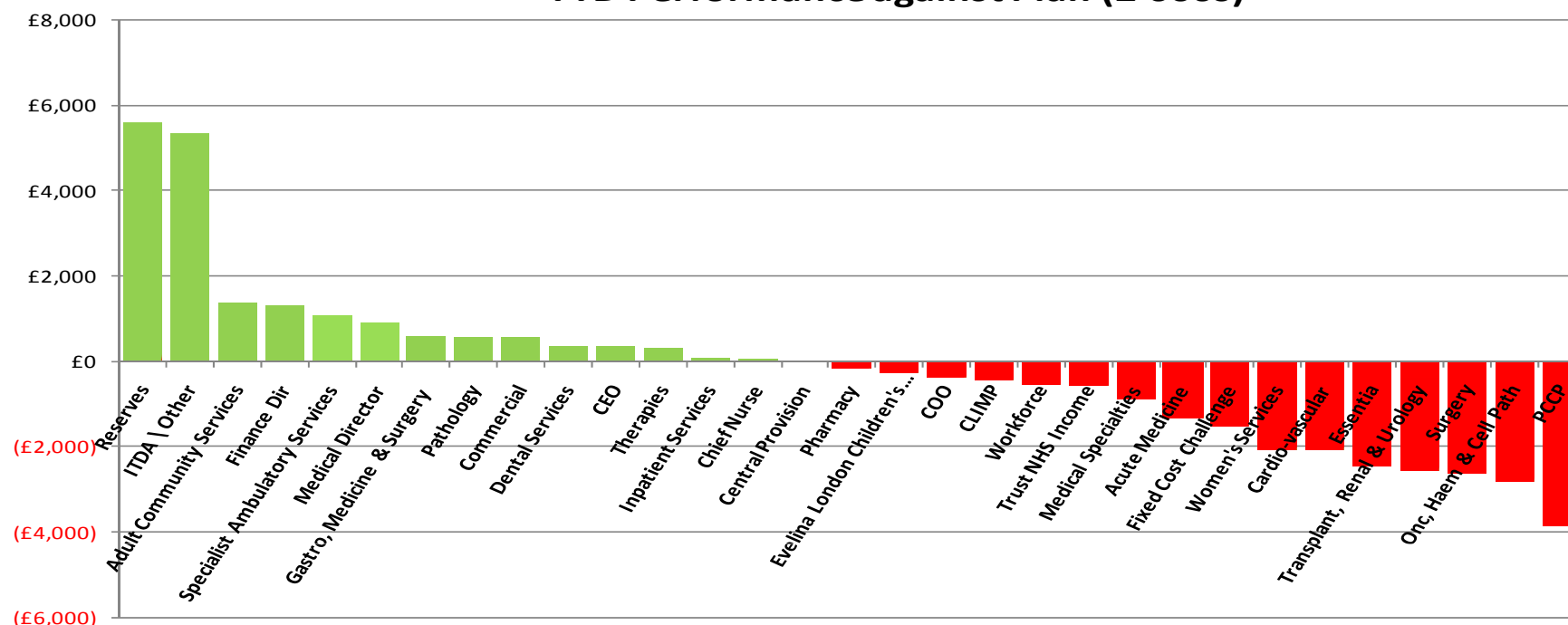
M09 2016-17 Use of Resources Metric

Area of review		Key Highlights	Use of Resources Metric			
			Month 09 Plan	Month 09 YTD	Annual Plan	Projection
OVERALL Weighted Risk Rating		- The overall Weighted Risk Rating is calculated as an average of the five metrics below, each having an equal weighting. However, if an individual metric is rated as four, then the highest rating that can be achieved is a three - YTD the Weighted Risk rating is calculated as 1.6 which is better than the planned rating of 1.8; this would round to an overall rating of a two - The current projection would achieve a rating of 1.8, which would round to a two and is slightly better than the absolute planned rating of a two	2	2	2	2
Financial sustainability	Capital service Capacity 20%	- The degree to which generated income covers financial obligation - YTD: cover of 2.1 is achieved against a plan of 2.1 and is rated a two - Projection: cover of 1.9 is projected against a plan of 2.0 is would be rated a three	2	2	2	2
	Liquidity (days) 20%	- Days of operating costs held in cash or cash equivalent forms, including available credit - YTD: 14.07 days cover is achieved against a plan of 3.64 days and is rated a one - Projection: 10.4 days cover is achieved against a plan of -0.52 days and would be rated a one	1	1	2	1
Financial efficiency	I&E Margin 20%	- I&E surplus or deficit \ total revenue - YTD: a margin of +0.26% has been achieved against a plan of 0.18% and is rated two - Projection: a margin of 0.41% is projected against a plan of +0.48% and would be rated two	2	2	2	2
Financial controls	Distance from financial plan 20%	- I&E surplus or deficit in comparison to the planned surplus \ deficit - YTD: a variance of 0.08% is achieved against a plan of 0.76% and is rated one - Projection: a variance of -0.07% is projected against a plan of 0.76% and would be rated a	1	1	1	2
	Agency spend 20%	- Distance from providers cap - YTD: the Trust is 10% above the agency ceiling (£2.4M) - Projection: projecting to be 1% above the required agency ceiling (£258K)	3	2	3	2

Integrated Performance Report

M09 2016-17 Directorate Performance

YTD Performance against Plan (£'000s)



Year to Date Financial Performance: £2.8M favourable to plan

- The Trust has recorded a YTD loss of £2M, which is £2.8M better than the planned loss of £4.8M
- This chart records the performance of each directorate against its agreed target. The performance will comprise the directorates performance against its CIP programme as well as in year variances to plan associated with its service delivery.
- A more detailed analysis of the underlying causes is provided to the Trust Management Executive for their consideration through the monthly finance report
- The performance of clinical directorates is reviewed on a monthly basis with the COO, and senior representatives from Finance, the Chief Nurse, the Medical Director and Workforce. Any required actions are discussed and agreed at those meetings
- The performance of corporate directorates is reviewed on a quarterly basis with the Executive Directors.

Integrated Performance Report

M09 2016–17 Directorate Commentary

	Month 09 YTD Variance	Prior Month YTD Variance	
Acute Medicine	(£1,190)	(£1,812)	YTD: The unidentified CIP of £1.1m explains the underlying position to date. Compensating variances to note are pay £791k under spent, non-pay £393k over spent, mainly pass through drugs, Internal recharges £888k over spent, through additional bed pressures, resulting in extra bed cost and associated imaging, pathology and therapeutic charges. NHS Income is £470k ahead of plan, (drug income & outpatient attendances). Actions: The directorate is committed to delivering both its CIP programme and identifying new opportunities to address the current unidentified CIP of £1.5m. There is a sustained programme of recruitment underway to reduce reliance on temporary staffing and actions taken to achieve its procurement CIP.
Adult Community Services	£1,092	£1,082	YTD: The unidentified CIP totals £1m though this is more than adequately mitigated by favourable variances. Pay is £1.6m under spent, non-pay £555k under spent, with a substantial reduction in spend reported under the Integrated Community Equipment Store. NHS Income is £225k ahead of plan. Actions: The directorate is identifying further CIPs where possible.
Cardio-vascular	(£2,057)	(£2,746)	YTD: The unidentified CIP contributes £793k to the reported adverse position. NHS Income (excluding pass through currencies) is £1.25m behind plan explained via a combination of low April activity (industrial action) and low Cath lab activity (delayed refurbishment), non-pay (net off pass through income) is £200k over spent. Actions: The Directorate aims to recover activity by increasing non-elective work through improved processes for transfers and by accelerating estates plans to increase day case capacity. Progress on realising current CIPs is being monitored weekly and the directorate will continue to identify further CIPs to reduce the unidentified savings gap of £1.2m.
CLIMP	(£188)	(£384)	YTD: NHS Income is £550k ahead of plan, whilst operating income is £365k behind plan. Pay is £684k under spent explained in part by vacancies against new posts. The unidentified CIP totals £460k. Internal SLM Income is £1.0m behind plan (Interventional Radiology, MRI and CT) Actions: The Radiology service is focused on installing new scanner capacity with and is working with HR to ensure recruitment into new posts.
Dental Services	£392	£458	YTD: NHS Income is £420k ahead of plan and recharges £52k under spent (theatre use for a new Orthognathic service). The unidentified CIP contributes £268k to the reported position. Actions: The Directorate Management Team is working with KCL to review ways of optimising postgraduate delivered NHS activity.

Variance: Favourable \ (Adverse)

Integrated Performance Report

M09 2016–17 Directorate Commentary

	Month 09 YTD Variance	Prior Month YTD Variance	
Evelina London Children's Healthcare	(£180)	(£413)	YTD: NHS income is £2.4m behind plan contributed by spinal (consultant leave), cardiac services (delayed growth) and neurosciences (unmet growth). Private patient income is £740k behind plan (neonatology) and other income £330k ahead of plan (in part network clinic income). Pay is £2.9m under spent (nursing vacancies across community, PICU & wards) and recharges £440k under spent (theatres -low surgical activity). The unidentified CIP deteriorates the position by £820k. Actions: Activity is being monitored to deliver the 2016/17 plans and the Hospital Directorates continue to work up action plans to ensure lost activity will be recovered. The Hospital Directorates are working on inpatient flows and theatre efficiency schemes which are necessary to deliver the planned growth. The Community Directorate are in the process of formulating a plan to relating to the long-term, sustainable delivery of the Local Authority disinvestment.
Gastro, Medicine & Surgery	£143	£558	YTD: NHS income is £920k behind plan driven by low GI surgery activity. Pay (net of vacancy factors) is £1.3m under spent notably across medical and nursing grades (£645k and £485k respectively). Non pay is £100k over spent, mainly in drugs, but covered through NHS Income. Recharges are £100k over spent reflecting overspends on theatres, and pathology but offset by low spend on net bed days and therapies driven by low planned admitted care at the start of the year. Actions: Ongoing recruitment; review of internal recharges notably pathology, imaging & bed days to support continued CIP delivery and recovery of overspends in these areas.
Inpatient Services	£58	£30	YTD: The unidentified CIP totals £375k. This is being addressed by favourable positions across pay £265k and operating income £140k. Action: The Directorate Management Team continue to develop recurrent strategies for addressing the unidentified CIP value of £563k.
Medical Specialties	(£805)	(£812)	YTD: The unidentified CIP contributes £760k to the overall adverse position. Non-pay & recharges are £1.2m over spent, observed across clinical supplies, imaging, theatres and bed days. NHS Income is £450k ahead of plan, driven by Ophthalmology, Diabetic Medicine and Diabetic Eye Screening. Pay is £770k under spent. Action: The Directorate Management Team continue to develop strategies for addressing the unidentified CIP total of £1.1m, in particular, through the development of clinical services within Diabetes and Ophthalmology
Onc, Haem & Cell Path	(£2,445)	(£2,837)	YTD: The unidentified CIP contributes £1.3m to the reported adverse position. NHS income, excluding drug and blood pass through income, has been reported at £570k behind plan, with underperformance noted under Radiotherapy, Chemotherapy, Head & Neck and Clinical Haematology. Pay (net of vacancy factor) is £1.1m under spent, and this after including £400k for Junior Doctor back pay from non-compliant rotas. Pathology use shows an under spend of £70k following a satisfactory settlement with Viapath for over charges. Actions: The Directorate Management Team is meeting weekly to review progress against plan, sanction recruitment requests and consider strategies for addressing the unidentified CIP of (£2.0m). Weekly financial huddles are in place to review activity and develop recovery plans.

Variance: Favourable \ (Adverse)

Integrated Performance Report

M09 2016–17 Directorate Commentary

	Month 09 YTD Variance	Prior Month YTD Variance	
Pathology	£569	£157	YTD: The position includes prior year benefits of £380k. Activity related payments made to Viapath show an over spend of £230k, which is partly offset by internal pathology income recovered from clinical directorates, for testing provided, which stands at £360k ahead of plan. Actions: Ongoing issues cover resolution of commercial issues with Viapath, as well as finalising activity information.
PCCP	(£3,204)	(£3,961)	YTD: The unidentified CIP contributes £880k to the overall adverse position. NHS income is £1.8m behind plan due to ECMO, Lane Fox and Pain Management. Other Income from Activities is also behind plan at £1.4m, arising from non delivery of CIP schemes (pain commercial £665k & Operation Notes £670k). On the favourable side nursing pay is £1m under spent (vacancies and non delivery of growth CIPs), non- pay £660k, delayed opening of theatre and procedure room and reduced ECMO Lane Fox Remeo activity and PP income is £225k ahead of plan. Actions: The directorate are monitoring CIPs closely to ensure the current forecast will not deteriorate further and are actively seeking further opportunities to reduce the directorates planning gap.
Pharmacy and Medicines Mgmt.	(£240)	(£215)	YTD: The unidentified CIP contributes £84k towards the reported adverse position. Pay is £148k over spent. Actions: Progress delivery of Transformation programme and CIPS – both internal and PWC.
Specialist Ambulatory Services	£642	£717	YTD: Pay is £1.4m under spent, this after allowing for the Directorate's vacancy factor, and is seen primarily in the Medical and A&C staff groups. NHS Income, excluding drug income, is £270k behind plan. Pathology is £300k under spent (Genetics) and drugs £240k over spent (Rheumatology and GU Medicine). Actions: The DMT plan to recruit to vacancies in order to meet activity plan. There is also ongoing review the overall establishment held on ESR. The trust is negotiating the pathology position with Viapath.
Surgery	(£2,419)	(£3,727)	YTD: The unidentified CIP contributes £1.3m to the reported adverse position. NHS Income is £1.4m behind plan, attributed to elective orthopaedic activity. Actions: Progress on realising current CIPs is being monitored weekly and progress against the unidentified CIP of £2.0m is expected as a result of the Cost Based Reviews.
Therapies	£308	£656	YTD: The position includes prior year benefits of £380k. Activity related payments made to Viapath show an over spend of £230k, which is partly offset by internal pathology income recovered from clinical directorates, for testing provided, which stands at £360k ahead of plan. Actions: Ongoing issues cover resolution of commercial issues with Viapath, as well as finalising activity information.

Variance: Favourable \ (Adverse)

Integrated Performance Report

M09 2016–17 Directorate Commentary

	Month 09 YTD Variance	Prior Month YTD Variance	
Transplant, Renal & Urology	(£2,168)	(£2,089)	YTD: The unidentified CIP contributes £908k toward the position. NHS income is £1.4m behind plan explained by low numbers across kidney transplants and urology elective. Non pay is £565k over spent, with the largest single item being clinical supplies and fluids at £320k. Recharges are £400k under spent (Imaging, bed day used and PP Income). Actions: Service teams are reviewing activity capture processes where there has been incomplete recording, to make these more robust going forwards. The Directorate continue to consider opportunities to reduce unidentified CIP of (£1.7m).
Women's Services	(£1,972)	(£1,903)	YTD: The unidentified CIP contributes £1.0m to the adverse position. Pay is £260k over spent (junior doctors pack pay & midwifery nursing), non-pay £270k over spent (ACU drugs, IT & ACU satellite clinics) and recharges £290k over spent (pathology, theatres & under recovery of internal fertility income). NHS income is £125k ahead of plan Actions : The Directorate is working on (i) implementation of changes to Birth Centre shifts to reduce agency spend, (ii) implementation of changes in Community Midwifery to provide AN and PN care more efficiently and (iii) plans to mitigate the impact on activity of the new Gynaecology junior doctor rota.
Chief Executive	£332	(£26)	YTD: The Unidentified CIP totals £340k and accounts for £255k of the reported position. Under spends against the Transformation and Improvement budget along with slippage in the timing of corporate cost pressures have to date helped to mitigate the currently Unidentified CIPs and other cost pressures Actions: a bid for funding has been submitted to the Charity in respect of costs incurred in relation to the CTC; it has been confirmed this would be funded, written notification is awaited
Chief Nurse	£29	£50	YTD: The Unidentified CIP totals £233k and accounts for £175k of the reported position; this continues to be off-set by vacancies across a number of departments and project income being received in advance of the associated costs Actions: on-going review of current vacancies
Chief Operating Officer	(£384)	(£556)	YTD: The Unidentified CIP totals £380k and accounts for £285k of the reported position, this along with additional coding staff, maternity cover and additional IT costs are the main drivers of current performance Actions: review actions required to address current areas of over spend
Director of Essentia	(£2,452)	(£3,239)	YTD: The unidentified CIP contributes £1.5m to the reported adverse position. Performance against formulated CIP schemes (2016/17 Business Planning) is £2.4m behind plan. These adverse positions are partially alleviated through prior year benefits - recovery of bad debt £740k & and the release of 16/17 utilities accruals totalling £630k. Actions: The directorate are actively monitoring the slippage in CIPs as part of the Directorate huddle process. The directorate are committed to finding sustainable resolutions to address the remaining recurrent 2015/16 MTO gap of (£2m).

Variance: Favourable \ (Adverse)

Integrated Performance Report

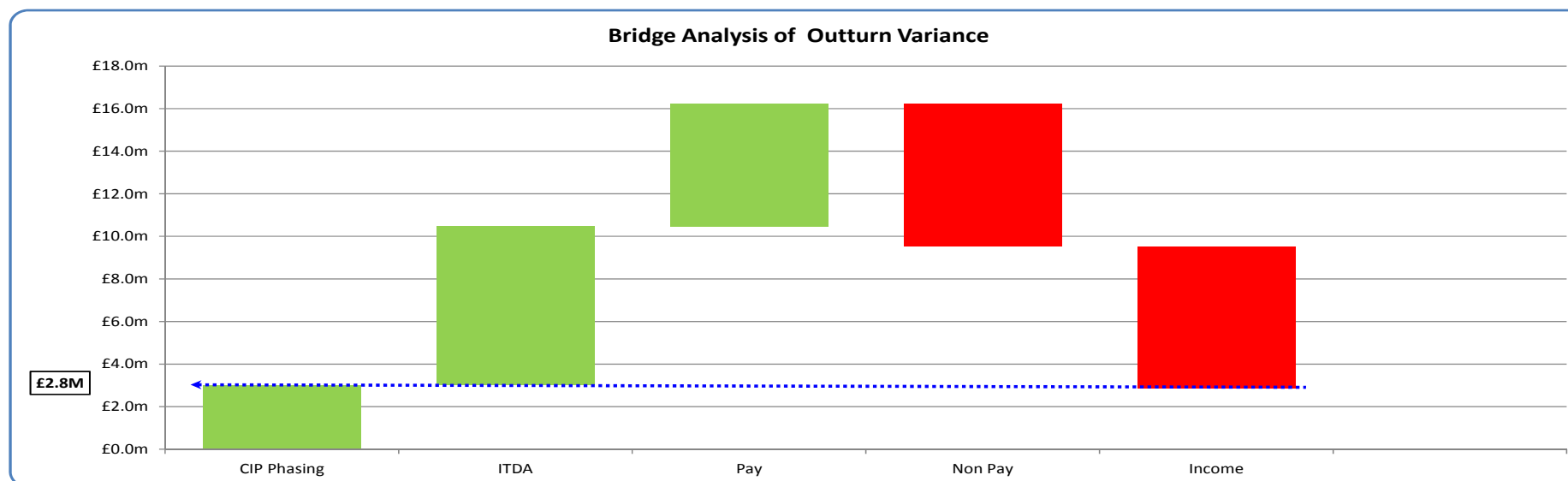
M09 2016–17 Directorate Commentary

	Month 09 YTD Variance	Prior Month YTD Variance	
Fixed Cost Challenge	(£1,531)	(£1,229)	YTD: The unidentified CIP contributes £1.4m towards the reported adverse position. In addition, performance against identified 16/17 CIP schemes adds a further £700k to the adverse position though this is off-set by compensatory CIP initiatives totalling £800k (sale of Anne Moss Way, backdated STH rental charges & favourable outcomes pertaining to Minerva House and Long Lane rent reviews). Actions: The directorate are actively monitoring the slippage in CIPs as part of the Directorate huddle process. The directorate are committed to working with the wider Trust in finding sustainable resolutions to address the remaining unidentified CIP value of £1.9m.
Director of Finance	£1,297	£435	YTD: strong performance is due to recovery of prior year VAT where the annual target has been achieved, and is now, in part, projected to be exceeded, the recovery of rebates from suppliers; vacancies across a number of departments and under spends on non pay budgets.
Medical Director	£906	£1,500	YTD: the additional R&D contribution has to date mitigated the Unidentified CIPs, shortfalls on income targets, cost pressures being incurred and medical negligence excess payments Actions: Review the training grade doctors that have been charged centrally against the funding available.
Commercial Director	£551	£0	YTD: The directorate has a balanced financial plan. Areas of under performance relate to the development of new contracts, site services and private patients, but these have been off-set by other areas of favourable performance Risks: monitoring of the potential impact of the £ \ Euro exchange rate, contract income provisions
Director of Workforce	(£553)	(£850)	YTD: The Unidentified CIPs total £1,070k and accounts for £802K of the current performance; Further over spends are driven by income shortfalls against a range of departments and non-achievement of planned CIPs. A confirmed reduction to the CPD and ILA funding of £0.5M will need to be managed by the department Actions: Review invoices to be raised in respect of external income and identify opportunities to address the current level of Unidentified CIPs; need to ensure expenditure in relation to CPD and ILA's is kept within the reduced funding available

Variance: Favourable \ (Adverse)

Integrated Performance Report

M09 2016–17 Bridge Analysis



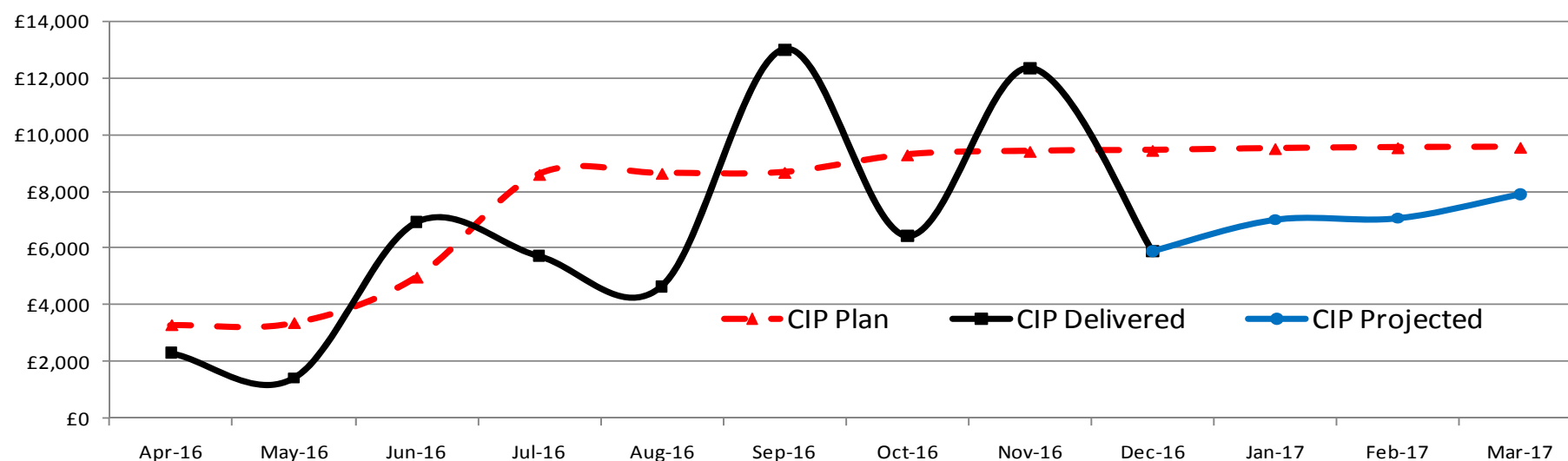
Bridge Analysis

- **Summary:** the Trust has recorded a YTD loss of £2.0M, which is £2.8M better than the planned loss of £4.8M; this excludes donated capital income of £21.5M and technical adjustments including profits on disposal of £0.4m and Impairment also of £0.4m
- **CIP Phasing £3.0M favourable:** The Trust plan assumes an increase in CIPs later in the YTD, this is reflected by a phasing adjustment of £3.0M at December
- **ITDA £7.5M under spent:** Depreciation charges are £4.9M less than plan due to a review of the asset lives of buildings and slippage on the capital programme; PDC £2.5M less than plan where a £2.9M under spend is currently projected
- **Pay £5.8M under spent:** Includes £17.3M of Unidentified CIPs within Directorate budgets and £6.0M of potential benefits realised from prior year income and reduced provisions; meaning £17.1M of other under spends due to vacancies, slippage in recruitment
- **Non Pay £6.7M over spent:** the most significant adverse variances are due technical adjustments such as budget phasing, which is matched by a favourable income variance, internal recharges, provisions for outstanding debts and operating expenses which are funded from charity grants, commercial income and hosted services. Reserves of £5.3M released, where reserves are no longer required and to mitigate income shortfalls and prior year charges, Drugs £2.3M over spent, primarily due to pass through drug and Transport £1.4M over spent due to increased patient transport activity; correction of billing data and slippage on planned CIPs.
- **Income £6.7M below plan:** Commissioning income £2.6M below a plan phased in equal twelfths
  - Commissioning income £2.9M below a plan phased in equal twelfths
  - Partially completed spells accrual has increased by £0.5M
  - S&T Funding £2.7M below plan, performance against operational targets, the appeal outcomes are included in the projection
  - A target has been set to recover £4.0M of prior year income; to date £4.3M has been recognised, resulting in an favourable variance YTD of £1.3M
  - other notable income variances include R&D, non patient care income, other operating income and budget phasing

Integrated Performance Report

M09 2016–17 CIP & Income Growth (IG) Performance

CIP and Income Growth Monthly Performance (£'000s)



CIP Performance

- The Trust CIP plan for the year is £94.2M, with an average monthly run rate of £7.8M
- Directorates YTD are £17.3M behind their planned levels of CIPs; this includes £12.5M of Unidentified CIPs and £5.2M against non delivery of Planned CIPs
- The Trust CIP plan is phased for increased delivery later in the year; a YTD phasing adjustment of £3.0M reflects this
- The £17.3M adverse performance against CIPs reduces to £14.3M once the £3.0M phasing adjustment is accounted for
- The monthly performance review meetings (PRMs) with the clinical directorates reviewed the CIP programme, identified blockages and agreed actions required to recover any slippage.

Integrated Performance Report

M09 2016–17 FFF CIP Delivery

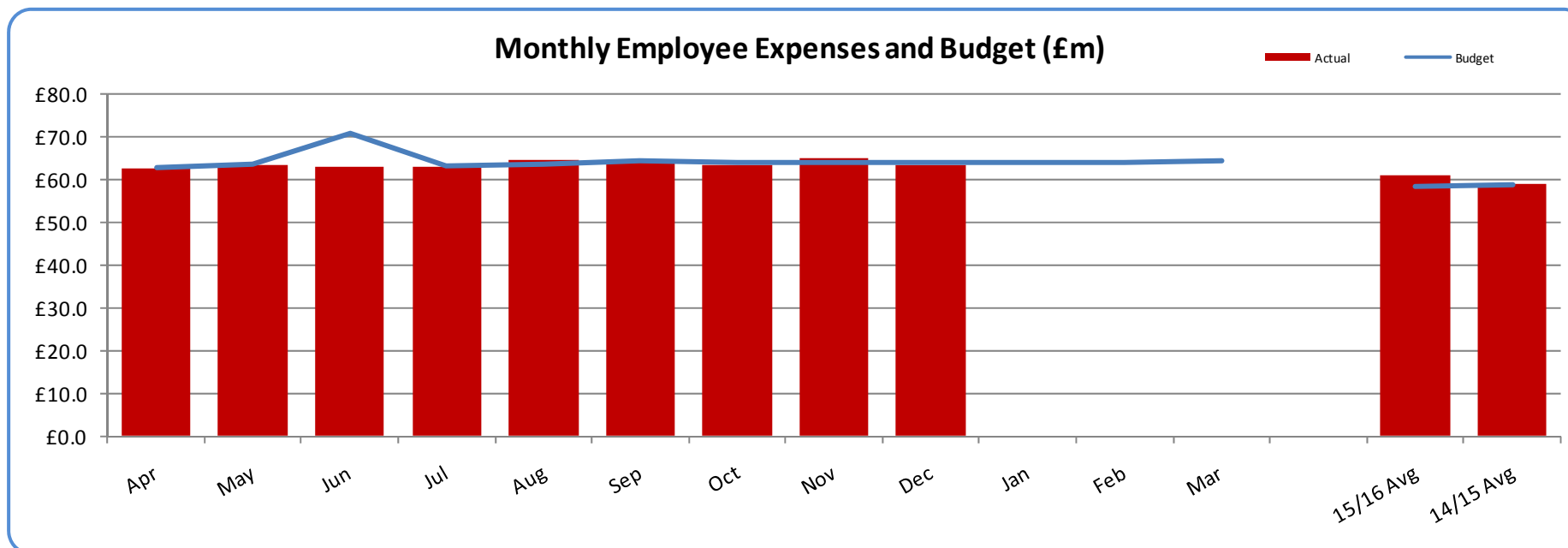
Year to Date

Annual Plan

CIPs Required	CIPs Delivered	CIPs Variance	By Theme:	CIPs Required	Projected Total CIPs	CIPs Projection VAR
			<u>Fit for the Future Theme</u>			
£1,401	£566	(£836)	Surgical Productivity	£1,955	£948	(£1,008)
£1,614	£973	(£641)	Safer faster care	£2,262	£1,486	(£776)
£1,415	£1,256	(£159)	Outpatients	£2,075	£1,791	(£284)
£957	£832	(£124)	Pharmacy Transformation and Medicines Optimisation	£1,340	£1,209	(£131)
£3,051	£1,529	(£1,522)	Procurement	£4,149	£2,390	(£1,759)
£933	£664	(£269)	Pathology	£1,253	£986	(£267)
£213	£174	(£39)	Diversifying income	£295	£283	(£12)
			Patient Admin		£0	£0
£2,771	£1,799	(£973)	Clinical coding	£3,746	£2,445	(£1,302)
£676	£1,728	£1,052	Effective Staff Deployment including Temporary Staffing	£978	£2,070	£1,092
			Team-Based Service Improvements		£0	£0
£13,031	£9,521	(£3,510)	Total FFF Themes	£18,054	£13,608	(£4,445)
£23,066	£19,055	(£4,011)	Directorate Initiatives Outside of Themes	£32,935	£30,240	(£2,695)
£17,388		(£17,388)	CIPs Unidentified	£23,183	£0	(£23,183)
(£3,000)		£3,000	CIP Phasing Adjustment			
£14,975	£30,114	£15,139	Reserves / Provisions released	£20,000	£36,785	£16,785
£65,460	£58,690	(£6,770)	Total All Themes	£94,173	£80,633	(£13,539)

Integrated Performance Report

M09 2016–17 Employee Expenses

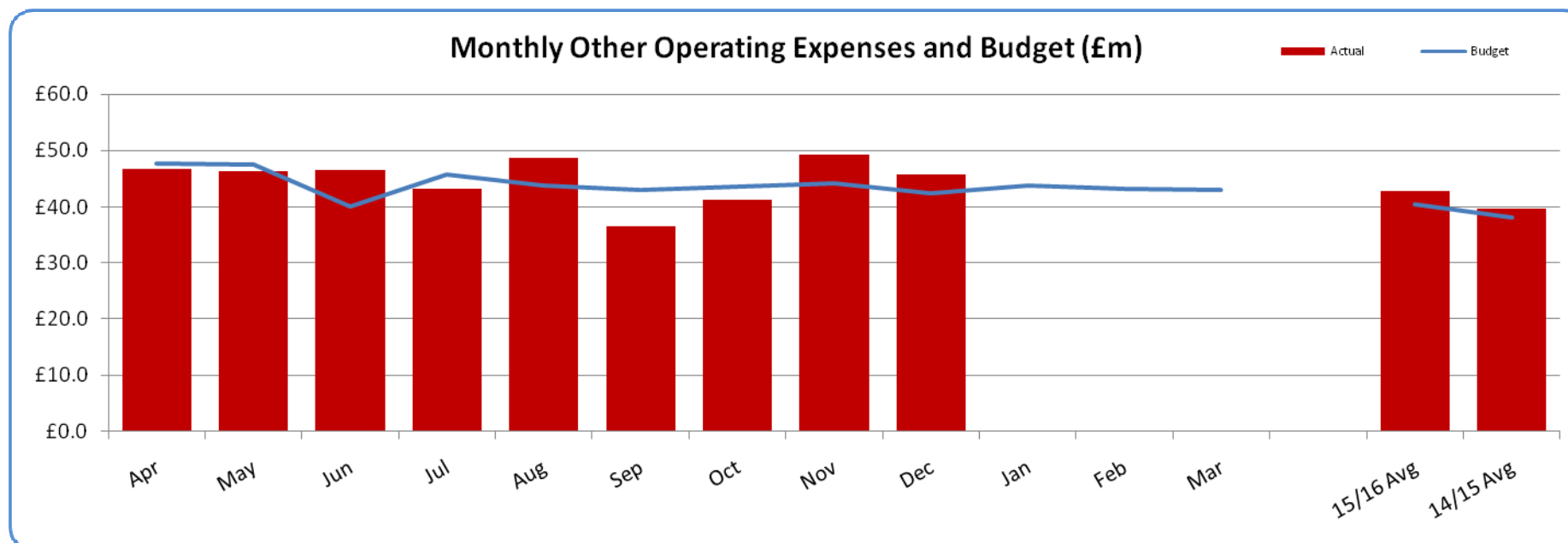


Monthly Employee Expenses

- December pay bill £63.6M, a reduction of £1.6m from November driven by a reduction in bank and agency usage over the Christmas period
- Unidentified CIPs of £15.1M are recorded under Other Pay, £11.3M is in the YTD position. The back-phased CIP adj' of £3.0M YTD is also shown under Other Pay. The remaining balance of £4.6M is attributable to planned vacancy targets

Integrated Performance Report

M09 2016–17 Other Operating Expenses



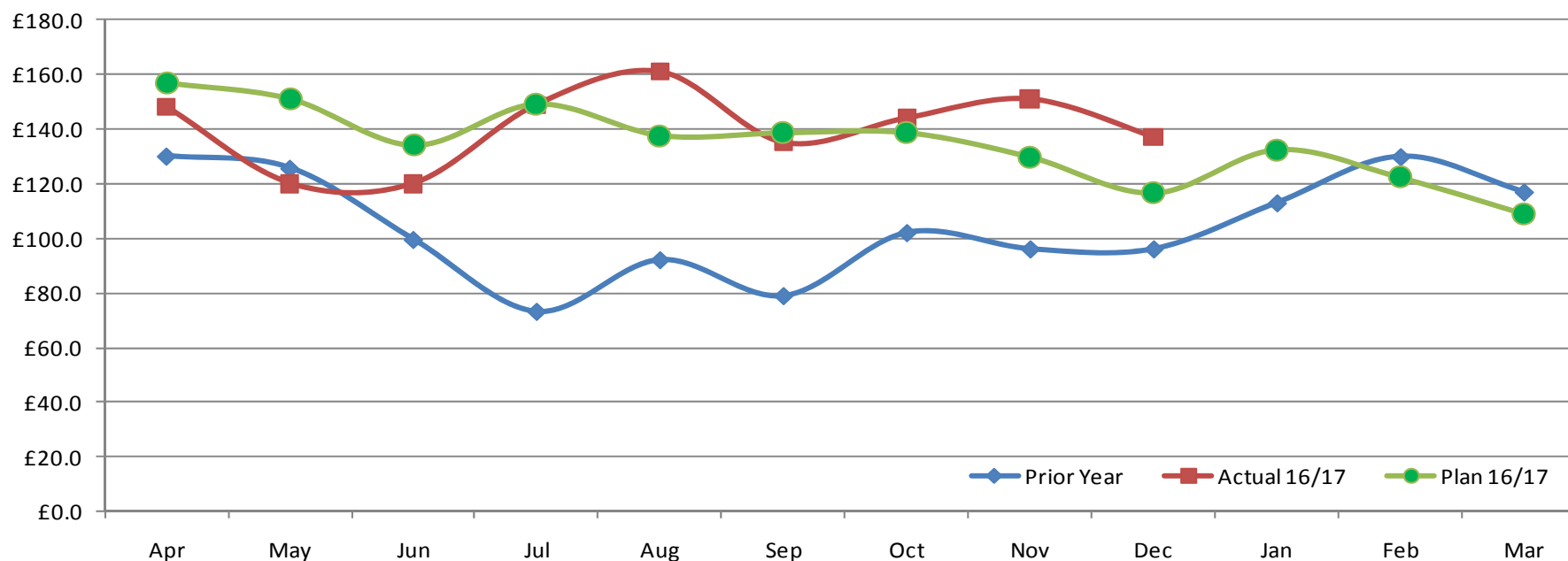
Monthly Other Operating Expenses

- Operating Expenses at December were £404.4M, which is £6.7M above plan
- Provisions - £1.8M (A): a significant in month increase due to current year CCG \ NHSE debt which has remained unpaid; also increases across a number of clinical directorates and Essentia
- Clinical Supplies - £0.8M (F) reflects the impact of reduced costs due to income under performance and non achievement of planned CIPs
- Other Non Pay - £3.9M (A): over spends in the main relate to charity grants, commercial and hosted income services, most of which have compensating additional income

Integrated Performance Report

M09 2016–17 Cash Flow

Cash - Actual Cash vs Plan and Prior Year (£m)



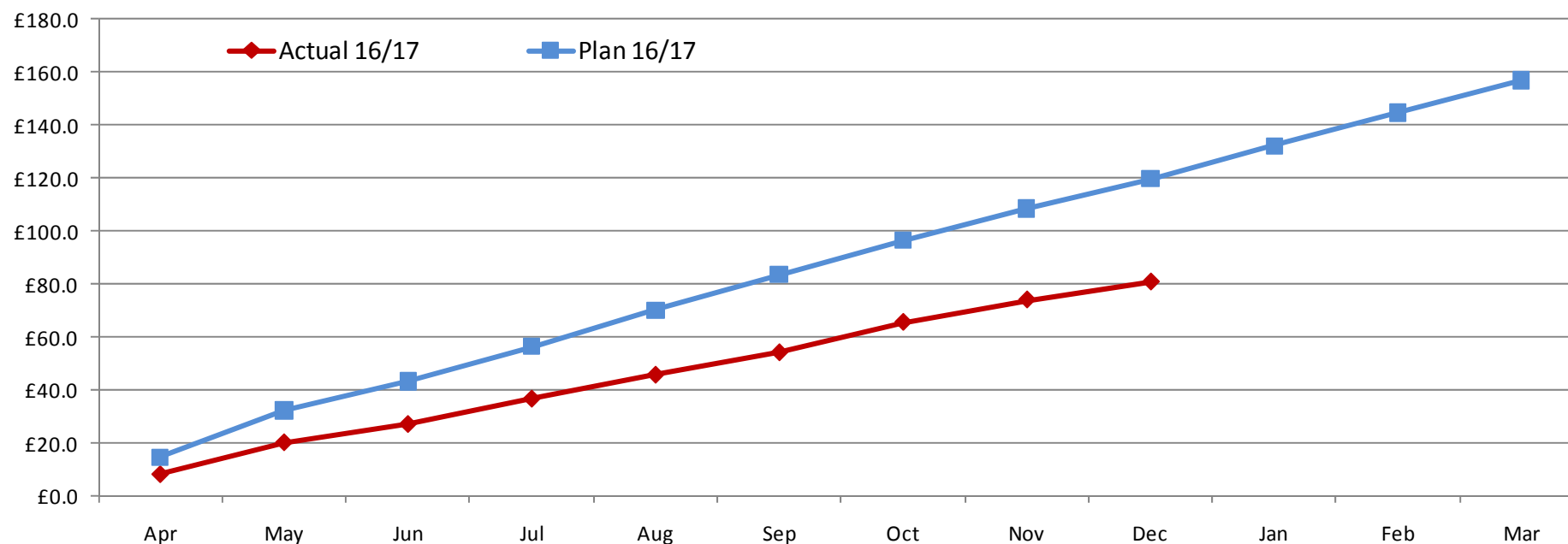
Cash Flow

- The graph above shows the actual cash and cash equivalents held by the trust. The plan is set Quarterly with NHSI.
- The cash balance at the end of December is £137M, which has reduced by £14M from last month, and is £20.3M ahead of plan. The in-month cash reduction is partly due to a repayment of the ITFF loan
- The finance team monitor the cash balances on a daily basis and on a weekly basis the payment of supplies, also liaising with capital projects to identify when large contractual payments are due.

Integrated Performance Report

M09 2016–17 Capital Expenditure

Capital - Cumulative Spend Monitor Plan (£m)



Capital Expenditure

- The Trust plan is for £157.0m of funding available for capital projects for the year 2016/17
- The capital spend as at the end of December is £80.7M which is £39.1M behind plan
- The capital schemes in the Trust are monitored monthly by the IPB who also review additional capital schemes.
- A 5 year capital plan has been submitted to NHSI laying out plans and aspirations for the trusts capital expenditure and development of the trusts estate.

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Board of Directors	Guy's and St Thomas'  NHS Foundation Trust
Documents Signed under Trust Seal 1 October to 31 December 2016	25 January 2017 BDA/17/06

This paper is for:		Sponsor:	Chief Executive	
Decision		Author:		
Discussion		Reviewed by:		
Noting	X	CEO*		
Information		ED*		
		Board Committee*		
		TME*		
		Other*		

* Specify

1. Introduction

In line with the Trust's Standing Financial Instructions, the Chairman, Hugh Taylor with Amanda Pritchard, Chief Executive signed document number 729 to 745 on behalf of the Trust, under the Foundation Trust's Seal during 1 October to 31 December 2016.

2. Recommendation

The Board is asked to note the record of documents signed under Trust seal

Number	Description	Date
729	Memorandum of Agreement contract executed as a Deed for Procedure Room, Second Floor, Evelina Children's Hospital between (1) Guy's & St Thomas' NHS Foundation Trust and (2) McLaughlin and Harvey.	18.10.16
730	Memorandum of Agreement Neonatal Intensive Care Unit NEC between (1) Guy's & St Thomas' NHS Foundation Trust and (2) Interserve Construction Limited.	18.10.16
731	Guy's & St Thomas' NHS Foundation Trust – MRI, PET, CT and CTs enabling works, King's Health Partners Cancer Centre between (1) Guy's & St Thomas' NHS Foundation Trust and (2) Siemens Healthcare (UK) Limited.	18.10.16
732	Collateral Warranty to Beneficiary from a sub-contractor relating to major medical imaging equipment at King's Health Partners Cancer Centre between (1) Guy's & St Thomas' NHS Foundation Trust and (2) H&O Building Contractors Ltd and (3) Siemens Healthcare (UK)	18.10.16

	Limited.	
733	Telecoms lease of cell no: 90015, Guy's Hospital, Great Maze Pond, London SE1 9RT. Term 10 years commencing 21 May 2017 between (1) Guy's & St Thomas' NHS Foundation Trust and (2) Hutchinson 3G UK Limited.	18.10.16
734	Consultant's Collateral Warranty in respect of Quantity Surveyor's and CDM Co-ordinator services for Ronald McDonald House between (1) Michael Frederick trading as Mike Jackson Associates and (2) Guy's & St Thomas' NHS Foundation Trust.	18.10.16
735	European Regional Development Fund Revenue funding agreement between (1) The Greater London Authority and (2) Guy's & St Thomas' NHS Foundation Trust for the London Digital Health Accelerator (LDHA) project.	04.11.16
736	Deed of Novation between (1) Sainsbury's Supermarkets Ltd and (2) Lloyds Pharmacy Limited and (3) Guy's & St Thomas' NHS Foundation Trust.	04.11.16
737	Deed granting licence to assign and variation in respect of premises at St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH between (1) Guy's & St Thomas' NHS Foundation Trust (Landlord) and (2) Sainsbury's Supermarkets Ltd (the Tenant) and (3) Lloyds Pharmacy Limited (the Assignee).	04.11.16
738	Consent to Underlet and variation in respect of pharmacy space within Sainsbury's store at Guy's Hospital, St Thomas' Street, London between (1) Guy's and St Thomas' NHS Foundation Trust (the Landlord) and (2) Sainsbury's Supermarkets Ltd (the Tenant) and (3) Lloyds Pharmacy Limited (the Undertenant).	04.11.16

739	Lease of room to the rear of Chapel Wing, Art Store Room, Ground Floor, Old Guy's House, Guy's Hospital, Great Maze Pond, between (1) Guy's & St Thomas' NHS Trust and (2) Guy's & St Thomas' Charity.	09.12.16
740	Lease of kiosk at Cancer Treatment Centre, Guy's Hospital, London SE1 between Guy's & St Thomas' NHS Foundation Trust (1) and AMT Coffee Limited (2).	09.12.16
741	Lease of the retail unit on the ground floor being part of the Cancer Treatment Centre at Guy's Hospital between (1) Guy's and St Thomas NHS Foundation Trust and (2) Browns More Hair Now Ltd.	09.12.16
742	Supplemental Lease of part of the lower ground floors of the building known as Gassiot House, St Thomas' Hospital, Lambeth Palace Road, London SE1 7EW between (1) Guy's & St Thomas' NHS Foundation Trust and (2) The Florence Nightingale Museum Trust.	09.12.16
743	Licence for Alterations relating to the retail unit on the ground floor being part of the Cancer Treatment Centre at Guy's Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Browns More Hair Now Ltd.	09.12.16
744	Lease of the Fitting Room, Ground Floor, the Cancer Treatment Centre at Guy's Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Browns More Hair Now Ltd.	09.12.16
745	Lease of 9 th Floor of the Cancer Treatment Centre at Guy's Hospital between (1) Guy's and St Thomas' NHS Foundation Trust and (2) King's College London.	20.12.16